Item 14 FilmG134 7/26/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06727

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge; LENGTH OF STAY (in this place) 38; HOSPITAL OR INSTITUTION OR STREET ADDRESS 39 Murdock Rd.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge; STREET ADDRESS (If rural, give location) 39 Murdock Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	S.	AGNEW	JULY	20	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	MARRIED	MARCH 17 1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FUNERAL DIRECTOR		GREECE	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SPIRO AGNEW	Katina Agnew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	217-16-5160	Mrs. GEO. S. AGNEW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1950, to July, 1951, that I last saw the deceased alive on July 18, 1951, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wm. H. Kammer, Jr.	501 Sheridan Ave.	July 23, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JULY 23, 1951	DRUID RIDGE	PIKEVILLE MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/23/51	A W Hedrick	Chas. J. Evans & Son	118 W. Mt. Royal Ave. LE 4-8490

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06728

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN REISTERSTOWN — LENGTH OF STAY (in this place) 10 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MT. PLEASANT

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALT. CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 5511 PRICE AVE

3. NAME OF DECEASED (Type or Print): (First) GUSTAV (Middle) (Last) ASKIN
4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 3, 1909
9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ACCOUNTANT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): PHILADELPHIA, PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: MORRIS ASKIN
14. MOTHER'S MAIDEN NAME: BECKY DORF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: GLADYS ASKIN (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MYOCARDIAL FAILURE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) PULMONARY TUBERCULOSIS — 2 YEARS

(c) DIABETES MELLITUS — 10 YEARS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PEPTIC ULCER — 1 YEAR.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUGUST 30, 1950, to JULY 1, 1951, that I last saw the deceased alive on JULY 1, 1951, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. Rudnick M.D. Ext. Pleasant Reisterstown, Md.

23. BURIAL, CREMATION REMOVAL (Specify) | DATE 7-3-51 | NAME OF CEMETERY OR CREMATORY Arlington | LOCATION (City, town, or county) Balto | (State) Md

DATE REC'D BY LOCAL REG. 7-2-51 | REGISTRAR'S SIGNATURE A. M. Hedrick | 24. FUNERAL DIRECTOR Jack Lewis Inc | ADDRESS 2100 Eutaw Pl

DOO VVV

CERTIFICATE OF DEATH

BIRTH NO. [illegible]

REGISTRAR'S NO. [illegible]

1. NAME OF DECEASED (Type or Print): Henry W. Bailey

2. DATE OF DEATH: July 9, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland - Catonsville
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wayne Convalescent Home, Smithwood & Summit Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1139 W. Cross Street

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 1, 1861
9. AGE (In years last birthday): 89 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Shoe Factory Worker
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Penna.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Henry W. Bailey
14. MOTHER'S MAIDEN NAME: Catherine Gushenhofer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Rena Grove
ADDRESS: 1139 W. Cross Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
331X
(A) Cerebral Hemorrhage, left — INTERVAL BETWEEN ONSET AND DEATH: 5 days.
DUE TO
ANTECEDENT CAUSES
(B) Cerebral arteriosclerosis — ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
83a
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-26-49 *to* 7-9-51, *that I last saw the deceased alive on* 7-9-51, *and that death occurred at* 11:24 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: John P. Urlock Jr. M. D.
23B. ADDRESS: 1227 Wash. Blvd
23C. DATE SIGNED: 7-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 7/12/51
24C. NAME OF CEMETERY OR CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 11 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Jr. Co.
ADDRESS: 1217 St. Paul Street

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06730

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 445

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 512 Charing Cross Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 512 Charing Cross Road.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) A. Ball (Last)

4. DATE OF DEATH: (Month) (Day) (Year) July 4/51 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 5, 1869

9. AGE: Last birthday 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Cadogan

14. MOTHER'S MAIDEN NAME: Mary----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: James L. Ball, 512 Charing Cross Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Oedema — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
163 X 47d
(b) Carcinoma of Lung — 14 Months
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1950 to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

SIGNATURE: James L. Ratzenberger (Degree or title) — ADDRESS 771 Medical Arts Bldg — DATE SIGNED 7/6/51

23. BURIAL, CREMATION (Specify): Burial — DATE THEREOF July 7/51 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) Baltimore 29, Md. (State)

DATE REC'D BY LOCAL REG. 7-6-51 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR: Harry H. Smythe — ADDRESS 4101 Edmondson Ave.

RECEIVED
OCT 9 1961
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH 52c 06731

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (in this place): 12 yrs. 6mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2408 Wilgray Ct.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cary	Malloy	Barnes	July	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	single	4-30-39	12 ~~11~~ yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inmate		Lumberton, N.C.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Boyce B. Barnes	Ruth Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Active pulmonary tuberculosis	1½ yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Microcephaly with quadriplegia and symptomatic epilepsy.	birth
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-9, 1945, to 7-27, 1951, that I last saw the deceased alive on 7-27, 1951, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harry B. Bunker	M. D.	Owings Mills, Md.	7-27-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 30, 1951	Meadowridge	Savage	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 28, 1951	R.U.S.	J. C. Mitchell & Son	1900 Eutaw Pl.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16A

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Brodakaw — MARYLAND — LENGTH OF STAY (In this place) None — HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — STREET ADDRESS (If rural, give location) 223 Augusta St

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) — (Last) Bates Jr

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 28, 1928

9. AGE last birthday: 23 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bud. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Bates

14. MOTHER'S MAIDEN NAME: Bertha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Bertha Bates 823 Augusta St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning — —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — —

(c) —

329.8

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Patapsco Falls — (CITY OR TOWN): Brodakaw — (COUNTY): Balto — (STATE): Md

TIME OF INJURY: (Month) 7 (Day) 8 (Year) 51 (Hour) 6:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Waded in water & stepped into hole

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓ Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find it said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___ suicide ___, homicide ___, undetermined ___.*

SIGNATURE: M B Davis — (Degree or title): M.D. — ADDRESS: Supt. Md. Training School Brandale Md — DATE SIGNED: 7/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: During 12/51 — NAME OF CEMETERY OR CREMATORY: Md. Training School Cem. — LOCATION (City, town, or county) (State): Brandale Md. Burial

DATE REC'D BY LOCAL REG.: 7/10/51 — REGISTRAR'S SIGNATURE: C W Hedrick — 21. FUNERAL DIRECTOR — ADDRESS: [illegible] 1129 N. Carey St

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Balto. MARYLAND 3rd
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Eden St. Pt. Clay Pits.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 731 N. Eden St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Laurence (Last) Bazemore.
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8a. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Col.		Sept 15 1922	29 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Eastern Boy Co.	N. C.	

13. FATHER'S NAME: Plummer Bazemore
14. MOTHER'S MAIDEN NAME: Bessie Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	238-20-9093	Mozell Bazemore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Accidental Drowning	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Bethlehem Steel	Sparrows Point	Balto.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
7 28 51 2:30 p.m.		Fell off pier while fishing.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M Bearman M.D.	Deputy Balto. Co.	Medical Examiner 22 MD	7/28/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	July 31/51		Rocky Mt. N. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/30/51	Dan Medlin	Mrs. Robert A. Elliott Daughty	112 W. Carolina St. Rocky Mt. N. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

66734

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore-22. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bx 179 Fisher Rd & old north P+R Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE as COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN "
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print): (First) AGNES (Middle) HELEN (Last) BENKO.

4. DATE OF DEATH: (Month) JULY. (Day) 5 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: Jan 21, 1871 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Austria Hungary. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: JOHN BACA. | 14. MOTHER'S MAIDEN NAME: HELEN (LAST NAME UNKNOWN).

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: NONE | 17. INFORMANT: ANDREW BENKO -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE. — 33 hours.

443X 422 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIOVASCULAR DISEASE. — 12 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS - — 10 years

19a. DATE OF OPERATION: NONE. | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 46, to JULY 5, 1951, that I last saw the deceased alive on JULY 5, 1951, and that death occurred at 11:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis N. Tallin · M.D. 6908 North P+Rd. Balto (19) July 6. 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-7-51 | NAME OF CEMETERY OR CREMATORY: Harford Memorial | LOCATION (City, town, or county) (State): Hyattsville Md

DATE REC'D BY LOCAL REG.: July 7-51 | REGISTRAR'S SIGNATURE: R.W. | 24. FUNERAL DIRECTOR: [illegible] | ADDRESS: [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY T 1
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) HARPER (Last) BLADES
4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 10-12-68
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman (unemployed)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St. Michaels, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Blades
14. MOTHER'S MAIDEN NAME: Emily Robbins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EMBOLISM	2 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) SEVERE ARTERIOSCIEROSIS, GENERALIZED	UNKNOWN
	(c)	

45
77

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1951, to July 26, 1951, [illegible] the deceased [illegible] and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE: John C. Hudell (Degree or title) ADDRESS: VAH, Fort Howard, Md. DATE SIGNED: 7-26-51

JOHN C. HUDELL, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/28/51
NAME OF CEMETERY OR CREMATORY: Olivet Cemetery
LOCATION (City, town, or county) (State): St. Michaels, Md.

DATE REC'D BY LOCAL REG.: 7/27/51
REGISTRAR'S SIGNATURE: A W Bedrick
24. FUNERAL DIRECTOR ADDRESS: Norman D. Marshall Funeral Home, St. Michaels, Md.

JT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0736

Reg. Dist. No. 42

(3)

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe. — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4507 Ridge Ave.	STREET ADDRESS (If rural, give location): 4507 Ridge Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MAURICE		BLOOMBERG	July	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	Apr. 12, 1892	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supervisor	Western Union	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
-		Mr. Warren Bloomberg - 4507 Ridge Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertension, Arteriosclerosis	unknown
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Angina Pectoris,	10 days
	(c) Coronary occlusion	2 days

4/20.1
921

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
		20. AUTOPSY? Yes ☐ No ☒

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Halethorpe	Baltimore	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9 July, 19 51, to 10 July, 19 51, that I last saw the deceased alive on 9 July 19 51, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lawrence B. Thomas	M. D.	4307 Frederick Ave Baltimore	10 July 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/12/51	Meadowridge Mem. Pk.	Dorsey, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/10/51	a w Redmond	W. M. Fischer & Sons	2405 W. Balto Md.

VS-A 15

NT.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. Alb. T

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4726 Algate Green

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 4726 Algate Green

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Nora (Last) Blumenfeld

4. DATE OF DEATH: (Month) July (Day) 1, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 11 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Schmidt

14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Irvin E, Blumenfeld, 4401 Hooper Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema Acute severe — Interval Between Onset and Death: 1 hr

443X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Hypertensive Cardiovascular disease — Unknown # of years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 4 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1951, to 7/1, 1951, that I last saw the deceased alive on 7/1, 1951, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

SIGNATURE: Cliff Tolliff Jr. (Degree or title) MD ADDRESS: 4605 Edmondson — DATE SIGNED: 7/2/51

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 7/5/51 — NAME OF CEMETERY OR CREMATORY: Western Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 7/3/51 — REGISTRAR'S SIGNATURE: Wm. Helmel

24. FUNERAL DIRECTOR: Wm. Cook Inc. — ADDRESS: 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — CITY OR TOWN: Rosedale — LENGTH OF STAY (in this place): Life — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8328 Phila. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto. — CITY OR TOWN: Rosedale — STREET ADDRESS (If rural, give location): 8328 Phila. Rd.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) W (Last) Bohlen

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 19 51

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 5, 1914

9. AGE last birthday: 37 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator

10b. KIND OF BUSINESS OR INDUSTRY: H. Campbell

11. BIRTHPLACE (State or foreign country): Balto. Co.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fredk. J. Bohlen

14. MOTHER'S MAIDEN NAME: Augusta Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-07-4884

17. INFORMANT AND ADDRESS: Mrs. Henry W. Bohlen 8328 Phila. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular	10 Yrs
	(c) Disease	

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: H. H. Travers MD — (Degree or title): Supt Med Exam Baltimore — ADDRESS: [illegible] — DATE SIGNED: 7/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/1/51 — NAME OF CEMETERY OR CREMATORY: Zion Luth. Cem. — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 7/30/51 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd.

06739

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-Y

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 23 N. Durham Street

3. NAME OF DECEASED (Type or Print): (First) SYLVESTER (Middle) (NMI) (Last) BOOKMAN
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	1-12-20	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Huckster
10b. KIND OF BUSINESS OR INDUSTRY: Produce
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Bookman
14. MOTHER'S MAIDEN NAME: Ellen Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 212-12-9501
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) FIBROUS PERICARDIAL ADHESIONS; EDEMA AND FAILURE OF MYOCARDIUM	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) TUBERCULOSIS	UNKNOWN
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TUBERCULOSIS, ACTIVE, MODERATELY ADVANCED BILATERAL — UNKNOWN

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1951, to July 25, 1951, that I last saw the deceased [illegible] and that death occurred at 5:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.M. B. VANDEGRIFT, M. D., CHIEF, LABORATORY SERVICE, VAH, FORT HOWARD, MD. 7-25-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-30-51 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7-26-51 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Charles R. Law 802 Madison Avenue Baltimore, Maryland 4-7-26

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville, Rural
LENGTH OF STAY (in this place) 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
OLIVER	E	BORING	July	31	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M.	Mar 22 1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired farmer	Farm.	Md	U S A

13. FATHER'S NAME [illegible] Kinsey

14. MOTHER'S MAIDEN NAME Matilda Kleagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war) or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Maurice M Bonnet Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Insufficiency	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	10 yrs
	(c)	

420.1
140

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1949, to July 31, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Maurice C. Porterfield	M.D	Hampstead Md	7/31/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 2 51	Beckleysville	Balto Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 1 51	Mary B. Elias	Edw C Tyson	Hampstead Md

VS. A15

10.4

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Fullerton Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rout 7 - Belair Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel air Md.
STREET ADDRESS (If rural, give location) 2 Back St. apt 2.

3. NAME OF DECEASED (Type or Print): (First) Fraser (Middle) James (Last) Buttomley
4. DATE OF DEATH: (Month) 7 (Day) 15 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2/22/29
9. AGE last birthday: 22 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Coast Guard
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): nort Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Coy Buttomley
14. MOTHER'S MAIDEN NAME: Della Edwards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Jerome Cawco Galax Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture base Skull — Immediate

819.5 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broken neck

(c) Crushed Chest

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Fullerton. (COUNTY) Balto. (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 7 - 15 - 1954 4:30 p.m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? Auto. accident.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. M. Carmine M.D. Deputy Medical Examiner Balto Co. Dundalk 22 Md 7/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/18/54 | NAME OF CEMETERY OR CREMATORY Savannah Cem | LOCATION (City, town, or county) Edenton (State) N.C.

DATE REC'D BY LOCAL REG. 7/17/54 | REGISTRAR'S SIGNATURE Nathan Tennett | 24. FUNERAL DIRECTOR Lucas Funeral Home | ADDRESS 140 Bel Air Rd.

VVV71

RE
JUL
BUREAU
Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 4 Wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Home for Aged & Infirm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4817 Hudson Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Gertrude (Last) Burket

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 13 1879

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or Foreign country): Baltimore Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Ritter

14. MOTHER'S MAIDEN NAME: Mary Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Jack Rozier 7412 Pickwick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial Degeneration — Interval Between Onset and Death: 6 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 4 dd 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 13, 1934 to July 26, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 10 20 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joshua H. Armacost M.D. 6419 Hudson Mill Rd Baltimore 7 July 26 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 28 1951

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county): Woodlawn Balto Co (State): Md.

DATE REC'D BY LOCAL REG.: 7/27/51

REGISTRAR'S SIGNATURE: A W Bedrick

FUNERAL DIRECTOR: Willis Lamborne

ADDRESS: 4510 Liberty Hghts Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 Gwm Spring Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 308 Gwm Spring Rd

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) A. (Last) Campbell

4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 1957

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 9/9/76

9. AGE last birthday 74 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY housewife

11. BIRTHPLACE (State or foreign country) Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jordan Motley

14. MOTHER'S MAIDEN NAME Annie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Aaron McDaniel 308 Gwm Spring Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: 1 wk.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & Arteriosclerosis — ?

(c) Diabetes Mellitus — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-14, 1957, to 7-14, 1957, that I last saw the deceased alive on 7-14, 1957, and that death occurred at 5 20P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. E. Williams MD ADDRESS 41 Hospital Rd Berlin Md DATE SIGNED 7-20-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/22/57

NAME OF CEMETERY OR CREMATORY Cunningham

LOCATION (City, town, or county) (State) Danville Va.

DATE REC'D BY LOCAL REG. 7/19/57

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Lansdale Funeral Home ADDRESS 1101 E 31st St Baltimore

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A5

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balt. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 644 Park Ave.

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) (Last) Charles

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 19 51

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-18-1913

9. AGE Last birthday: 38 yrs. — If under 1 year: Months 3, Days 15 — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Metal Novelty

11. BIRTHPLACE (State or foreign country): McCadoo Penna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Charles

14. MOTHER'S MAIDEN NAME: Stephanie Jankowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Stanley Cibronski, 7702 Belclare Rd Dundalk 22 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

729.8
163

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Creek (CITY OR TOWN): Middle River (COUNTY): Balto. (STATE): Md.

TIME OF INJURY (Month) 7 (Day) 3 (Year) 51 (Hour) 1:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? While jumped from boat to [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] DATE SIGNED 7-4-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 6-4-51 — NAME OF CEMETERY OR CREMATORY St. Johns — LOCATION (City, Town, or County) Middle River — (State) Md.

DATE REC'D BY LOCAL REG. July 3, 1951 — REGISTRAR'S SIGNATURE Edith Hendley

24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS [illegible]

23347

RECEIVED
JUL 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0745

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (In this place) passing thru
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Old Court Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 15 Md
STREET ADDRESS (If rural, give location) 4942 Denmore Ave

3. NAME OF DECEASED (Type or Print): (First) VERNON (Middle) VOLO (Last) CLARY

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1957

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr 25, 1899

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Woolen mill

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John D Clary

14. MOTHER'S MAIDEN NAME: Ida May Storm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no / none

16. SOCIAL SECURITY No.: 215-07-5489

17. INFORMANT AND ADDRESS: Mrs Edna Clary (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Artery Disease — Interval Between Onset and Death: 1 mo.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. Inguinal Hernia. — 10 yrs.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. none

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples (Degree or title) Deputy Med. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: July 22'57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-24-57 — NAME OF CEMETERY OR CREMATORY: Leisters Cem. — LOCATION (City, town, or county) (State): Westminster Md

DATE REC'D BY LOCAL REG.: 7/23/57 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: Wm. J. Tichner & Sons — ADDRESS: Balto Md.

JT

5544439

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

06746

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas; MARYLAND; LENGTH OF STAY (in this place) 15 yr 6 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) (Last) Cohill

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 12, 1867

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Cohill

14. MOTHER'S MAIDEN NAME: Mary Shive

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Baltimore County Home Register

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis, generalized — Interval between onset and death: 20 yrs.

450.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to July 11, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elizabeth B. Shmill, M.D. Cockeysville, Md. July 11, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-(-51 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. 7/11/51 | REGISTRAR'S SIGNATURE Wm. J. Schildcoat | 24. FUNERAL DIRECTOR ADDRESS [illegible] Md.

8201

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06747

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural)
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural)
STREET ADDRESS (If rural, give location) York Road

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Edward (Last) Cole

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Dec. 14 1884

9. AGE last birthday: 66 yrs.

If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Md. State Roads

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Jordon Cole

14. MOTHER'S MAIDEN NAME: Katherine Francis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Bernie May Cole, Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the kidney — Interval Between Onset and Death:

180X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

52a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the kidney

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.45, to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 4:15 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. France M.D. ADDRESS Carleton Md DATE SIGNED 7/5/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: July 7 1951 | NAME OF CEMETERY OR CREMATORY: Mt. Zion | LOCATION (City, town, or county) (State): Upperco Balto. Co. Md

DATE REC'D BY LOCAL REG. July 7/51 | REGISTRAR'S SIGNATURE: Mrs Howard S. Mathias

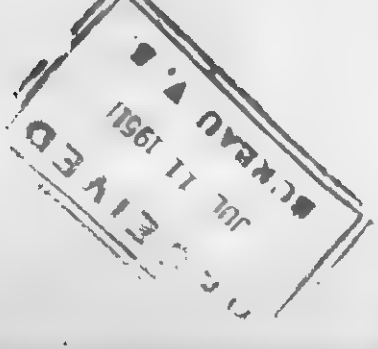
24. FUNERAL DIRECTOR AND ADDRESS: Landon M. Bixler, Sparks, Md

970246

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
JUL 11 1951
CHICAGO 7, ILL.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Texas — LENGTH OF STAY (in this place) 14 yrs 2 mo. 10 dys.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home	STREET ADDRESS (If rural, give location) Reisterstown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jabez.		Cole.	July	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	Nov. 20 1868	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Balto. Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Cole	Louise Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	none	Mrs Ed. Cole 107 Butler Rd. Reisterstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease — years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

4 d.(?) 73d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. right inguinal hernia — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

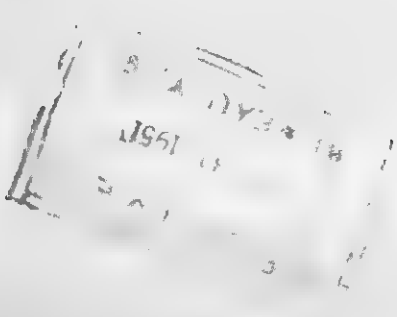
TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan 1, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 10:15 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elizabeth B. Sherrill	M.D.	Cockeysville, Md.	7/27/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 30/51	Pleasant Grove	Boring Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/27/51	Wm. J. Whitcraft	Wm. J. Bergman & Sons.	8-16 E. Reisterstown Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sheppard-Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 403 Bosley Avenue

3. NAME OF DECEASED (Type or Print): (First) JENIFER (Middle) IRVING (Last) COLE

4. DATE OF DEATH: (Month) July (Day) 31, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 17, 1891

9. AGE last birthday: 60 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Personnel Mgr.- Retired

10b. KIND OF BUSINESS OR INDUSTRY: Stand. Oil Co. N.J.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William P. Cole

14. MOTHER'S MAIDEN NAME: Ida Estelle Stocksdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: ~~None~~ 216-10-4369

17. INFORMANT AND ADDRESS: Mrs. J. Irving Cole, Towson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial decompensation — Interval Between Onset and Death: 5 yrs.

442X Antecedent cause(s)

31a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular-Renal Disease (Arteriosclerotic) Uncl.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John L. Green M.D. Towson 4 Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug. 2, 1951 — NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery — LOCATION (City, town, or county) (State): Towson, Maryland

DATE REC'D BY LOCAL REG.: Aug. 2/51 — REGISTRAR'S SIGNATURE: Mabel E. Gray

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

072618

REGE
AU
B

Approved By
Dr. R.C. Hudson
D.M.E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6750

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Parkville; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; MARYLAND; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 3123 Acton Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Parkville; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 3123 Acton Road

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) B. (Last) Colwell

4. DATE OF DEATH: (Month) July (Day) 31st (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 4, 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: C & P.

11. BIRTHPLACE (State or foreign country): Texas, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Colwell

14. MOTHER'S MAIDEN NAME: Lucinda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Gertrude B.Colwell,3123 ActonRd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Occlusion	5 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cardio-renal Vascular Disease	3 yrs.
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

31

22. I hereby certify that I attended the deceased from May 9, 1947 to July 31, 1951 that I last saw the deceased alive on Sept. 5, 1949 and that death occurred at 1 A.M. m., from the causes and on the date stated above.

SIGNATURE J.T. Wilson (Degree or title) MD ADDRESS 617 W. 40th St. Balto.11, Md DATE SIGNED 8/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 8-2-51; NAME OF CEMETERY OR CREMATORY: Parkwood; LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 8/2/51; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Leonard J. Ruck, ADDRESS: 5305 Harford Road

VS. A15

VVV578

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6751

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md.
LENGTH OF STAY (In this place) 173 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 706 N. Kenwood Ave.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) H. (Last) COOK
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	married	12-3-91	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10b. KIND OF BUSINESS OR INDUSTRY: cable work
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Cook
14. MOTHER'S MAIDEN NAME: Ida L. Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI-1
16. SOCIAL SECURITY NO.: 212-05-5706
17. INFORMANT AND ADDRESS: Clinical Records Vets.Adm.Hosp.Ft.Howard,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculosis, Pulmonary bilateral, far advanced	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

2X
136

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 1-12-51, 19..., to 6-7-51, 1951, that I last saw the deceased alive on XXXXXXXXXXXXXXXX, and that death occurred at 7:30 PM m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M.D. ACTING CHIEF, MEDICAL SERVICE VAH FT. HOWARD, MD. 7-6-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/9/51	Balto. National Cemetery	5501 Frederick Ave. Balto. Md.

DATE REC'D BY LOCAL REG. 7-6-51 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Schimunek & Funeral Home 2601 E. Madison St.

690 VVV

VS-A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY: BALTO. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RELAY — STATE: MARYLAND — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5128 ROLLING ROAD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MD. COUNTY: BALTO. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RELAY — STREET ADDRESS (If rural, give location): 5128 ROLLING RD.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) LESTER (Last) COOPER

4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 6, 1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months. — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRAFFIC MANAGER-RET

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John L. Cooper

14. MOTHER'S MAIDEN NAME: Madeline ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: John O'Leary - 5128 Rolling Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery disease — Interval Between Onset and Death: one year

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-Sclerotic Heart Disease — two years

92.2 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to July 17, 1951, that I last saw the deceased alive on June 26, 1951, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ward B. Allan — ADDRESS: Baltimore 2, Md. — DATE SIGNED: July 18, 1951

Crawford N. Fairbrook, Jr. MD. — 6 E. Eager St.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7-18-51 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county): Balto. — (State): Md.

DATE REC'D BY LOCAL REG.: July 20 51 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: George R. Farley - Catonsville Md — ADDRESS:

283 TOL

RECEIVED
JUL 23 1951
BUREAU V. S.

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 4304 Walther Blvd

3. NAME OF DECEASED (Type or Print): (First) James (Middle) D. (Last) Cordell

4. DATE OF DEATH: (Month) July (Day) 25th (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2/16/1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Night Watchman

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): Yes — (If yes, give war or dates of service): American

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary B. Kupina 4304 Walther Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDITIS CHRONIC.-----

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) SENILITY

(c)

INTERVAL BETWEEN ONSET AND DEATH: Year.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 24, 1951, to July, 25, 1951, that I last saw the deceased alive on July, 24, 1951, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Lloyd Johnson M.D. ADDRESS 610. Frederick Road, Catonsville Md. DATE SIGNED 7/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/27/51 — NAME OF CEMETERY OR CREMATORY: U.S. National — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 7/26/51 — REGISTRAR'S SIGNATURE: A W Pedrick

24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

51

7-3 000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
LENGTH OF STAY (in this place) 4/3 9/85
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
STREET ADDRESS (If rural, give location) 924 H. ST

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	MARGARET	CRISTY	JULY	9	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	DEC. 12. 1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AT HOME		ITALY	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PETER BERNARDI	DONT KNOW.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO.	—	JOSEPH CRISTY 924 H. ST. 19

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia Lateral Sclerosis — Interval Between Onset and Death: 14 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

356.1
12.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from Jan 1, 1951, to July 9, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gordon Kumpowski MD		2079 Eastern Av.	7/9/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JULY 12, 1951	SACRED HEART	BALTIMORE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/10/51	A W Hedrick	ULLRICH FUNERAL HOME	2112 DUNDALK AV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
   LENGTH OF STAY (in this place): 1 yr. 1 mth. 28 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
   STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) Z. (Last) CULLUM

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 27, 1879

9. AGE: Last birthday 71 yrs. If under 1 year: Months 6 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Cullum

14. MOTHER'S MAIDEN NAME: Martha Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease Urinary bleeding secondary to	Several yrs. 2 mths.
	(c) Probable tuberulosis of bladder secondary to Tuberculosis of lungs	unknown unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — several yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1950, to July 17, 19.51, that I last saw the deceased alive on July 17, 19.51, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ethel B. Herrmann-Green M.D. ADDRESS: Spring Grove State Hospital, Catonsville 28, Maryland DATE SIGNED: 7-17-51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: July 20, 1951 — NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens — LOCATION (City, town, or county) (State): Bel Air Harford Md

DATE REC'D BY LOCAL REG.: 7-25-51 — REGISTRAR'S SIGNATURE: Vivian E. Harry

24. FUNERAL DIRECTOR: Howard R. McComas & Son — ADDRESS: Abingdon Md

RECEIVED
JUL 23 1951
BUREAU V. S.

Item 9 Filmed135 8/15/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ; LENGTH OF STAY (In this place): ; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sparrows Point Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTO. 2006 HIGHLAND AVE; STREET ADDRESS (If rural, give location): (Seaman) S.S. Cubore

3. NAME OF DECEASED (Type or Print): (First) BASILIO (Middle) G. (Last) CUNADO

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Spain

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 094-12-8395

17. INFORMANT: THERESA GRASSO, 2006 Highland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Syphilitic aortitis with coronary osteostenosis (AL)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ; 19b. MAJOR FINDINGS OF OPERATION: ; 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ; (CITY OR TOWN): ; (COUNTY): ; (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: Stanley K. Dunbar (Degree or title) M.D. ADDRESS: 700 Fleet Street DATE SIGNED: 7/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: 8-4-51; NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER; LOCATION (City, town, or county) (State): BALTO, MD 6

DATE REC'D BY LOCAL REG'R: 8/3/51; REGISTRAR'S SIGNATURE: [signature]; 24. FUNERAL DIRECTOR: FRANK CUACH & SON; ADDRESS: 900 N. CHESTER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06757

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parks — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ft Mc Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parks
STREET ADDRESS (If rural, give location) Rd 5a.

3. NAME OF DECEASED (Type or Print): (First) Aaron (Middle) Aubrey (Last) Curtis
4. DATE OF DEATH: (Month) (Day) (Year) 7 6 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-6-1873
9. AGE last birthday 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (State or foreign country) Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME A. Thomas Curtis
14. MOTHER'S MAIDEN NAME Gertrude Owen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS James C. Curtis, Parks Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Heart Disease — 6 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 7-10, 1951, that I last saw the deceased alive on 7-10, 1951, and that death occurred at 3:30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Maurice C. Partenfant M.D — Hampstead Md — 7/11/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

7-16-1951 — Greenmount — Butler, Md.

DATE REC'D BY LOCAL REG. 7/11/51 — REGISTRAR'S SIGNATURE W. J. Lubkert

24. FUNERAL DIRECTOR — ADDRESS

Landon M. Brooks — Parks Md.

RECEIVED
JUL 16 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville | LENGTH OF STAY (in this place) 80 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hillside Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
STREET ADDRESS (If rural, give location) Hillside Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Talbot Davenport (Last)

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 1870

9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Butler, Balto. Co, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Hiram Davenport

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Caroline D. Taylor — State Teachers College Bowie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis — Interval Between Onset and Death: Unknown
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis — Interval Between Onset and Death: 3 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 47, to July, 1951, that I last saw the deceased alive on 20 July, 1951, and that death occurred at 5:55 A.m., from the causes and on the date stated above.

SIGNATURE: Walter F. Leas (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 21 July 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7/24/51 | NAME OF CEMETERY OR CREMATORY: Basil's Chapel | LOCATION (City, town, or county) (State): Cockeysville, Md.

DATE REC'D BY LOCAL REG.: 1/23/51 | REGISTRAR'S SIGNATURE: A W Hedrick JT

24. FUNERAL DIRECTOR: Wm I. Chatman & Sons ADDRESS: 1701 McCulloh St. 501 VVV Balto. Md.

Add: Statement of Dr. Carmine filed 7/24/51 correcting item #8.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

59

Reg. Dist. No. 41

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk-22 | LENGTH OF STAY (in this place) 8yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2901 Dunbar Rd. A&B

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE GOUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emmeline (Middle) Matilda (Last) Dearbiss

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 51

5. SEX: Fem. | 6. COLOR OR RACE: White. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: March 2 1894 | 9. AGE last birthday: 56 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): England | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unk. | 14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 212-01-0724 | 17. INFORMANT: Edwin W. Dearbiss

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion. — Unknown.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1 794a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Mcarmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 7/16/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/18/1951 | NAME OF CEMETERY OR CREMATORY Westview | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. July 16 1951 | REGISTRAR'S SIGNATURE William M. Kelly J. | 24. FUNERAL DIRECTOR J. Wesley Bosley Funeral Home | ADDRESS 1124 Eastern Ave. Balto. 24 Md.

RECEIVED
JUL 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(0760)

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 2yrs. 5mos. 2dys.; HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 736 Northern Parkway, Balto.12, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Bode	Dickey	July	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	March 14, 1878	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Baltimore	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Detrieck Bode	Maria Bergin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	✓	HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis	3 yr +
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis ✓	3 yr +
(1)	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, Psychosis c cerebral arteriosclerosis — ? + ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 1, 1949, to July 6, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 2:35 P m., from the causes and on the date stated above.

SIGNATURE W. W. Elgin, M.D. (Degree or title) ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson-4, Md. DATE SIGNED 7/6/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 10/1951	Druid Ridge Cem	Pikesville

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/9/51	A. M. Detrick ST	H. H. Jenkins Sons Co	4905 York Rd

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Pk. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) 1 N. Curley Street

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) (Last) Dolomanuk Jr.
4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 12, 1935
9. AGE last birthday: 16 yrs. — If under 1 year: Months 5, Days 12 — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Dolomanuk, Sr
14. MOTHER'S MAIDEN NAME: Julia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Andrew Dolomanuk Sr. 1 N. Curley St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 28-51
NAME OF CEMETERY OR CREMATORY: Holy Trinity Cemetery
LOCATION (City, town, or county) (State): Elkridge Md.

DATE REC'D BY LOCAL REGISTRAR: 7/26/51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: J. A. Grabianckas Jr.
ADDRESS: 1905 E. Pratt St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06762

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bay Shore Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City
STREET ADDRESS (If rural, give location) 500 E. 27TH ST.

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) MELVIN (Last) DONOHUE
4. DATE OF DEATH: (Month) 7 (Day) 23 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
MALE	W	S.	1936	14 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): BALTO., MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANK J.
14. MOTHER'S MAIDEN NAME: IRENE H. HINKELMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: MR F.J. DONOHUE 500 E. 27TH ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bay Shore Pk. (CITY OR TOWN) N. Sparrows Pt. (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 22 (Year) 51 (Hour) 3½ p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY occur? Drowning while Chesapeake Bay + Coast Guard returning to Port

22. *I certify that I took charge of the remains described above, held an Autopsy —, Inspection —, Inquiry — thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes —, accident ☒, suicide —, homicide —, undetermined —.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W.R. Davis M.D. - Dept. Med. Exam. - Baltimore 2 - Md 7/25/51

23. BURIAL, CREMATION, REMOVAL (Specify) -B- | DATE THEREOF 7-26-51 | NAME OF CEMETERY OR CREMATORY HOLY REDEEMER | LOCATION (City, town, or county) CITY (State)

DATE REC'D BY LOCAL REG. 7/26/51 | REGISTRAR'S SIGNATURE A.W. Redmond JT | 24. FUNERAL DIRECTOR Woodlawn Funeral Home ADDRESS Frederick Ave 7/27/51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

63

Reg. Dist. No. 41

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (WATERLEIGH) LENGTH OF STAY (In this place) No. Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE 2521 W. WOODWELL RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) (GRAY MANOR)
STREET ADDRESS (If rural, give location) 2521 W. WOODWELL Rd.

3. NAME OF DECEASED (Type or Print): (First) ELMER (Middle) HALLEY (Last) DROHAN, JR.

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 31 DEC. 1935

9. AGE last birthday: 15 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL BOY

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ELMER H. DROHAN SR

14. MOTHER'S MAIDEN NAME: SADIE MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO NO

16. SOCIAL SECURITY No.: NO

17. INFORMANT: Thomas H. Drohan, Jr. (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Waterridge

(CITY OR TOWN) Dundalk-Rd (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 7-30-51 5:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY occur? Was swimming and suddenly went down

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) J. W. Davis MD. ADDRESS Dept. Med Exam. Dundalk, Md. DATE SIGNED 7/31/51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF 8/2/1951 — NAME OF CEMETERY OR CREMATORY Westernal — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 7-31-1951 — REGISTRAR'S SIGNATURE Thomas H. Kenny Jr.

24. FUNERAL DIRECTOR — ADDRESS Watts Mortuary, Dundalk 22, Md.

RECEIVED
AUG 2, 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hearton Lodge Catonsville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 3023 Woodland Ave.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) (Last) Drezon
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1951

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: Dec 18, 1880 — 9. AGE last birthday: 70 yrs. (If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Russia — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Isadore — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Samuel Drezon 929 N. Chester St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency — 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 3024 — (b) Involutional Melancholia — 2 yrs

932 — (c) Arteriosclerosis — 1 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Transorbital Lobotomy

19a. DATE OF OPERATION: 6-30-51 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29, 1951, to 7-1, 1951, that I last saw the deceased alive on 7-1, 1951, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Milton L. Lamberg — 1232 N St. NW. — 7-1-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 7/2/51 — NAME OF CEMETERY OR CREMATORY Ohel Jakob Corp. — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 7-2-51 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS Sol. Kleinman & Bros. — 1124-26 W. North Avenue

VS. A15

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

(2)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06765

CERTIFICATE OF DEATH

Reg. Dist. No. 33

(M)

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 509 Denison St.

3. NAME OF DECEASED (Type or Print): (First) Sophia (Middle) (Last) Ebert

4. DATE OF DEATH: (Month) (Day) (Year) July 9/51 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 10, 1874

9. AGE last birthday: 76 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: School Teacher

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John F. Ebert

14. MOTHER'S MAIDEN NAME: Sophia Ebert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Oscar Leonard, 4628 Manordene Rd. Baltimore 29, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Sigmoid	6 months
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
462	(c) Hypertension	6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1931, to July 9, 1951, that I last saw the deceased alive on July 9, 1951, and that death occurred at 3.10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Singer Jr. - 30 S. Boston St. - Baltimore 2, Md.

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: July 11/51

NAME OF CEMETERY OR CREMATORY: Druid Ridge

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 7/10/51

REGISTRAR'S SIGNATURE: A V Bodnick

24. FUNERAL DIRECTOR: Harry R. Weitzel ADDRESS: 4101 Edmondson Ave.

JT

VS. 7-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'66

Reg. Dist. No. 40

3 The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KINGSVILLE
LENGTH OF STAY (In this place) 84 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS BRADSHAW RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KINGSVILLE
STREET ADDRESS (If rural, give location) BRADSHAW, RD.

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) FRANCES (Last) EHLERS

4. DATE OF DEATH: (Month) JULY (Day) 13 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MAY 10 1866

9. AGE last birthday: 85 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: ISIAH BEATLEY

14. MOTHER'S MAIDEN NAME: MARY JANE BISHOF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS. P.E. FRANTZ SAME

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE HEART FAILURE	12 hours
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROSIS	20 YEARS
17	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 1, 1950, to JULY 12, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arthur J. Davies M.D. 800 W 33rd St. BALTIMORE MD.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 7-16-1951

NAME OF CEMETERY OR CREMATORY: BALTIMORE

LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE REC'D BY LOCAL REG. 7-16-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: H.W. JENKINS & SONS 4905 YORK RD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06767

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A5

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Butler - rural
LENGTH OF STAY (in this place) 9 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Ball
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
STREET ADDRESS (If rural, give location) Falls Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Ensor
4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: March 5, 1865
9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac K. Ensor
14. MOTHER'S MAIDEN NAME: Sarah Cole.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Miss. Ensor, Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 5 days

Antecedent cause(s) (b) Hepatitis — 7 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, arteriosclerosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1945, to July 24, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 11:40a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elizabeth B. Sherrill M.D. Cockeysville, Md. 7/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7-27-51 | NAME OF CEMETERY OR CREMATORY: Methodist | LOCATION (City, town, or county) (State): Sparks, Balto Co. Md.

DATE REC'D BY LOCAL REG. 7/25/51 | REGISTRAR'S SIGNATURE: Wm J. Chilcoat

24. FUNERAL DIRECTOR AND ADDRESS: J. Scott Brooks, Sparks Md.

RECEIVED
JUL 30 1931
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. 4-1

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Western Run Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Western Run Road.

3. NAME OF DECEASED (Type or Print): (First) Rachel (Middle) (Last) Ensor

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 19, 1860

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George S. Ensor

14. MOTHER'S MAIDEN NAME: Cecilia Ensor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Nellie Fawsett, Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X Immediate cause (a) Carcinoma - stomach — Interval between onset and death: 9 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 46X (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 13, 1950

19b. MAJOR FINDINGS OF OPERATION: carcinoma stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1951, to July 25, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 1:06 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas. H. Linthicum, M.D. — ADDRESS: Cockeysville, Md. — DATE SIGNED: 7/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7-28-51 — NAME OF CEMETERY OR CREMATORY: Bloede Rock — LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 7/25/51 — REGISTRAR'S SIGNATURE: Wm. J. Schuhmann

24. FUNERAL DIRECTOR — ADDRESS: F. Scott Brooks, Sparks, Md.

JUL 30
BUREAU V. S.

items 8,9: affidavit filmed 7-13-51 Friday G134 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(6269)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Ingleside Avenue.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2236 Cecil Avenue

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) BARTLETT (Last) EVANS

4. DATE OF DEATH: (Month) 7-10-51 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1884 1879

9. AGE last birthday: 67/ 71 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Evans

14. MOTHER'S MAIDEN NAME: Katherine Willson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Mrs. A. Pumprey-2714 Bauernwood Ave City-14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic cardio vascular disease — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

4/22.1 92.2 (c) Arteriosclerosis, generalized, severe

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1949, to 7-9, 1951, that I last saw the deceased alive on 7-9, 1951, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE Stephen Lee Maness MD (Degree or title) ADDRESS Catonsville 28, Md DATE SIGNED 7-11-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-13-51 — NAME OF CEMETERY OR CREMATORY: Greenmount Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 7/12/51 — REGISTRAR'S SIGNATURE: A W Hedeen — 24. FUNERAL DIRECTOR AND ADDRESS: Wiedefeld & Son GREENMOUNT AVE & 22ND

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06770

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville-8, Maryland
LENGTH OF STAY (in this place): about 4 1/2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 12 Mayflower Court

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY: Pittsburg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsburg, Pennsylvania
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Malinda (Middle) Ann (Last) Eyler

4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 3, 1860

9. AGE last birthday: 91 yrs. If under 1 year: Months 4, Days 10, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel Hamilton born in Scotland

14. MOTHER'S MAIDEN NAME: Isabel Pinkerton, born in Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Edward C. Eyler, 12 Mayflower Court

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio Sclerosis and Senility

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1952 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: fractured hip on October 15, 1950

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1950, to July 13, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE: E E Nichols (Degree or title) M. D. ADDRESS: 1402 Reistersotwn Road, Pikesville, Md. DATE SIGNED: 7-13-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 16, 1951

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Pittsburg, Pennsylvania

DATE REC'D BY LOCAL REG.: 7-13-51

REGISTRAR'S SIGNATURE: Dr E E Nichols

24. FUNERAL DIRECTOR — ADDRESS: Frank W. Seitz, 814 W. 36th St., Baltimore, Maryland

RECEIVED
JUL 17 1951
BUREAU W. SS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place) 40 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mount de Sales.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) SISTER (Middle) MARY TERESA (Last) FOLEY

4. DATE OF DEATH: (Month) July (Day) 14, (Year) 1951.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 13, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious

10b. KIND OF BUSINESS OR INDUSTRY: Church

11. BIRTHPLACE (State or foreign country): New York, N. Y.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John L. Foley

14. MOTHER'S MAIDEN NAME: Bridget Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mount de Sales, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia.	6 days
440X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Renal-Vascular Arteriosclerosis	7 yrs.
1310	(c) Uterine Prolapse	5 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 14, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 4:10 P.M. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS 1933 W. Baltimore St DATE SIGNED 7/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 16 1951; NAME OF CEMETERY OR CREMATORY: Mount de Sales Cemetery; LOCATION (City, town, or county) (State): Catonsville, Md.

DATE REC'D BY LOCAL REG. 7-15-51; REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: Easton Sons; ADDRESS: Ellicott City, Md.

VS. A15 7-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 17 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06772

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (In this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Carroll Co. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Harvey (Last) Folk

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Dec 31-1875

9. AGE last birthday: 75 yrs. If under 1 year: Months 6 Months, Days, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Superintendent

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Calvert Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levers Folk

14. MOTHER'S MAIDEN NAME: Rachel Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 215-07-4817a

17. INFORMANT AND ADDRESS: Laura M. Schroder R.N.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure

450.0 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generlized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 51, to July 2, 19 51, that I last saw the deceased alive on July 2, 19 51, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter F. Rees M. D. Cockeysville Md 7/2/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 7/5/51 NAME OF CEMETERY OR CREMATORY Hampstead LOCATION (City, town, or county) Hampstead (State) Md

DATE REC'D BY LOCAL REG. 7/3/51 REGISTRAR'S SIGNATURE Laura M. Schroder

24. FUNERAL DIRECTOR ADDRESS Ed. C. Tipton, Hampstead Md

RECEIVED
JUL 5 1951
BUREAU V. S.
COPY SENT TO LOCAL REGISTRAR NO. ____ DATE 7/5/51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6773

Reg. Dist. No. 4-1

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 812 Washington Blvd.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) S. (Last) FORRESTER

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-3-91

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: John E. Knipp Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Forrester

14. MOTHER'S MAIDEN NAME: Harriett Gable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) LYMPHOBLASTIC SARCOMA OF ABDOMINAL LYMPH NODES — Interval Between Onset and Death: Unknown

200.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from July 10, 1951, to July 11, 1951, that I saw the deceased [illegible] and that death occurred at 4:00 P.m., from the causes and on the date stated above.

SIGNATURE: Irving Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH; FORT HOWARD, MD. 7-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/16/51
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 7/12/51
REGISTRAR'S SIGNATURE: A D Hedrick
24. FUNERAL DIRECTOR: Cowan Funeral Home
ADDRESS: Hollins & Poppleton STS Baltimore, Maryland

51

51 of 4 ?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05678

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville (Rural) — LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville, (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) PLEASANT — (Middle) I — (Last) FOWBLE

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Sept 23-1872

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver T. Fowble

14. MOTHER'S MAIDEN NAME: Margaret Ashbaugh.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-18-0697

17. INFORMANT: Mrs Pleasant Fowble

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage - "	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to July 26, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE: W. N. Hoard — (Degree or title) M.D — ADDRESS: Manchester Md — DATE SIGNED: 7/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 28/51 — NAME OF CEMETERY OR CREMATORY: Greenmount — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 7-26-51 — REGISTRAR'S SIGNATURE: Mary B. Elina — 21. FUNERAL DIRECTOR: Edw A Tipton — ADDRESS: Hampstead Md

VS. A15

RECEIVED
JUL 30 19
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7 Y

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17
STREET ADDRESS (If rural, give location): 1817 W. Mosher Street

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) (NMI) (Last) FRAZIER

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Married	2-17-94	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Longshoreman		New Orleans, La.	USA

13. FATHER'S NAME: Nelson Frazier

14. MOTHER'S MAIDEN NAME: Sarah Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WWI	215-03-7287	Clin. Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ANEURYSM OF ARCH OF AORTA	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) SYPHILIS OF AORTA	UNKNOWN
	(c)	

0222 30d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 2, 1951, to July 20, 1951, [illegible] and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS DATE SIGNED

WILLIAM B. VANDEGRIFT, M. D., Chief, Laboratory Service, VAH, Ft. Howard, Md. 7-21-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/25/1951	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-23-51	[signature]	Mrs. Katie R. Williams	322 N. Schroeder St. Baltimore, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06775

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45 M

1. PLACE OF DEATH:
County ... Baltimore
City or town ... Halethorpe
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ... 10 yrs
Hospital, institution, or street address where death occurred.
5611 Oregon Ave
How long in hospital or institution? ...

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ... Md ... County ... Baltimore
City or town ... Halethorpe
(If outside city or town limits, write RURAL and give nearest town)
Street No. ... 5611 Oregon Ave
(If rural, give LOCATION)
2.(a) If veteran, name war ...

3.(a) FULL NAME Leo J. Gilchriest

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife ... Mary Louise
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) ... Feby 27 1891

8. AGE: Years 60 | Months 4 | Days 14 | If less than one day ... hrs ... min.

9. Birthplace ... Baltimore Md
(Town, county, and state)

10. Usual occupation ... Auto Mechanic

11. Industry or business ... Masters Bakery Co

MOTHER FATHER

12. Name ... John Gilchriest
13. Birthplace ... Ireland
14. Maiden name ... Katharine Hayes
15. Birthplace ... Ireland

16. Informant ... Mrs Mary Louise Gilchriest
Address ... 5611 Oregon Ave

17. Burial ... Date thereof ... 7/14/51
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory ... Loudon Park Cem
Location ... 3800 Frederick Ave

18. Funeral director ... John F. Cowan & Son
Address ... 961 Hollins St

19. 7/12 19 51 A. W. Hedrick Registrar
(registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH ... July 11th 1951 at 11:40 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 14 1948 to July 11 1951
and that I last saw him alive on July 11 1951

Immediate cause of death	DURATION
Coronary Occlusion	3 mo.
Due to Arteriosclerosis, Generalized moderate	
Due to 420.1	
Due to 117.6	
Other conditions Hypertensive cardiovascular disease chronic Duodenal ulcer	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...
Autopsy results ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE ... C. Gregory Daughaday M.D.
M. D. or other
Address ... 1764 Forrest Ave Halethorpe Date signed ... 7-11-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16776

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (In this place): 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural give location): Cherry Hill Road

3. NAME OF DECEASED (Type or Print): (First) ALLAN (Middle) CUMMINS (Last) Girdwood

4. DATE OF DEATH (Month) (Day) (Year): July 24, 1951

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 28 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAWYER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Barbados British West Indies

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Girdwood

14. MOTHER'S MAIDEN NAME: Margaret Cummins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. LaLlye W. Girdwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary artery insufficiency	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis	5 minutes
	(c)	

4 : 1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19 49, to 24 July, 19 51, that I last saw the deceased alive on 19 June, 19 51, and that death occurred at 1100 a.m., from the causes and on the date stated above.

SIGNATURE: Paul H Royer (Degree or title): M.D. ADDRESS: Pikesville 8 Md DATE SIGNED: 24 July 51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: July 26, 1951
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 7/26/51
REGISTRAR'S SIGNATURE: A W Pedrick
24. FUNERAL DIRECTOR: John O. Mitchell Sons ADDRESS: 1900 Eutaw Pl.

JT

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ... 6777

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville 8 | LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1832 Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville 8
STREET ADDRESS (If rural, give location) 1832 Reisterstown Rd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Wm	CHESTER	GORMLEY	July	17	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male.	White	married	Sept 4, 1898	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber	Plumbing	Reisterstown, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Walter Gormley	Bessie V.a. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No. None	215-16-1575	Ruth Gormley (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Artery Disease — 7 hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	None.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None.			m.		None.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D.D. Caples,	Deputy Med. Exam. M.D.	Reisterstown Md.	July 17 '57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/20/57	Stone Chapel	Pikesville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-18-57	[illegible]	Emil A. Jewell	Pikesville

VS Ath

Residence from Augsburg Home by phone 8-9-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

cc 06778

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS AUGSBURG HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALT 2513 W. Fairmount Ave.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE Baltimore
STREET ADDRESS (If rural, give location) CAMPFIELD ROAD

3. NAME OF DECEASED (Type or Print): (First) REV (Middle) HENRY (Last) GUCKENBERGER
4. DATE OF DEATH: (Month) JULY (Day) 5 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWER	Oct 13-1864	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MINESTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: SIMON GUCKENBERGER
14. MOTHER'S MAIDEN NAME: MARY ELITZER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: AUGSBURG HOME RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Heart Failure

443X Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
122a (b) Hypertension
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Inguinal Hernia

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1951, to 7-5, 1951, that I last saw the deceased alive on 7-5, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edward N. Shue M.D. 5322 Fairmount Ave. 7-6-51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE July 8-51
NAME OF CEMETERY OR CREMATORY ST PAULS CEM.
LOCATION (City, town, or county) (State) VIOLETTSVILLE

DATE REC'D BY LOCAL REG. 7/5/51
REGISTRAR'S SIGNATURE D.W. Hedrick
24. FUNERAL DIRECTOR Wm Chas G. Robde ADDRESS 2327 Edmondson Ave

Dm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost of age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(6771)

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 28 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 214 ASHWOOD ROAD

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) D. (Last) HAGY

4. DATE OF DEATH: (Month) JULY (Day) 2 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: APRIL 24 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ABSORPTION PLANT OP

10b. KIND OF BUSINESS OR INDUSTRY: STANDARD OIL

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN F. HAGY

14. MOTHER'S MAIDEN NAME: KATHERINE COLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-07-2764

17. INFORMANT AND ADDRESS: MRS. ELSIE HAGY 214 ASHWOOD RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 6 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

R22 (c) Essential Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1951, to 7/2, 1951, that I last saw the deceased alive on 7/2, 1951, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel L. Zelis M.D 1942 Cedar Lane 7/3/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: JULY 5, 1951

NAME OF CEMETERY OR CREMATORY: OAK LAWN

LOCATION (City, town, or county) (State): COLGATE MD

DATE REC'D BY LOCAL REG.: 7/3/51

REGISTRAR'S SIGNATURE: H. W. Redmond

24. FUNERAL DIRECTOR ADDRESS: ULLRICH FUNERAL HOME 2112 DUNDALK

DM

1124

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. Supply any item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 3718 Boarman Ave

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Douglas (Last) Dunbar
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 23 1865
9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Dietician
10b. KIND OF BUSINESS OR INDUSTRY: Home Incurables
11. BIRTHPLACE (State or foreign country): Talbot, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible] Dunbar
14. MOTHER'S MAIDEN NAME: Mary [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Laura M. McKinney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61

(b) Due to arteriosclerosis

(c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 48, to July 10, 19 51, that I last saw the deceased alive on July 10, 19 51, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. T. Yeo M.D. Cockeysville Md 7/10/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE July 13/51 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 7/11/51 REGISTRAR'S SIGNATURE Laura M. McKinney

24. FUNERAL DIRECTOR ADDRESS H. Mitchell & Sons Baltimore Md

RECEIVED
JUL 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

81

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore Co. — Lake Roland, Ruxton — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
   LENGTH OF STAY (In this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
   STREET ADDRESS (If rural, give location) 13 E. Read Street

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) C. (Last) Hall

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Apl. 17-1887

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Regular - Columbia College of Chiropratic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Richmond Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T Hall

14. MOTHER'S MAIDEN NAME: Sarah Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 223-05-5218

17. INFORMANT: Lucy Hall. 13 E Read St. Balto 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 492 / 92d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
R S Fisher MD — 700 Flett Street — July 21, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Removal. — DATE THEREOF: July 22-51 — NAME OF CEMETERY OR CREMATORY: Oakwood Cem. — LOCATION (City, town, or county) (State): Richmond Va.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS
Wm Cook Inc. 1219 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6782

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A17

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND — CITY (If outside corporate limits, write RURAL and) OR give nearest town) TOWN: Stemmers Run Life — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1200 Krueger Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stemmers Run — STREET ADDRESS (If rural, give location): 1200 Krueger Ave

3. NAME OF DECEASED (Type or Print): (First) Raphael (Middle) David (Last) Hesse

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 14, 1893

9. AGE last birthday: 58 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Excavating Own. Business

11. BIRTHPLACE (State or foreign country): Balto City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Hesse

14. MOTHER'S MAIDEN NAME: Mary Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Raphael Hesse 1200 Krueger Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

200.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Lymphosarcoma — 4 yrs

55e (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to July 8, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: Balto 6 Md — DATE SIGNED: 7-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/12/51 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem. — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: 7/10/51 — REGISTRAR'S SIGNATURE: R W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Lansdowne Funeral Home 7401 Baltimore Blvd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
LENGTH OF STAY (in this place) 63 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
STREET ADDRESS (If rural, give location) Joppa Road

3. NAME OF DECEASED (Type or Print) (First) Dr. (Middle) Harry L. (Last) Homer

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1 - 10 - 75

9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): physician

10b. KIND OF BUSINESS OR INDUSTRY: general medicine

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles C. Homer

14. MOTHER'S MAIDEN NAME: Frances Holthaus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. May C. Homer Joppa Road, Riderwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 4 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 1930, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 4:15 A m., from the causes and on the date stated above.

SIGNATURE M B Levin MD (Degree or title)

ADDRESS 218 E. University Parkway, Balto., Md.

DATE SIGNED 7/28/51

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 7 - 30 - 51

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: July 28 1951

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.-1900 Eutaw Place

ADDRESS: M B Mitchell 15 Baltimore, Md.

VS. A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost of age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH: COUNTY Balto Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 21
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1403 Frederick Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural, give location) 1403 Frederick Ave

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Eldridge (Last) Hopwood

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1951

5. SEX: M ~~F~~

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/14/1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Corporation

10b. KIND OF BUSINESS OR INDUSTRY: Motor Express

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Geo. W. Hopwood

14. MOTHER'S MAIDEN NAME: Elizabeth Tomlinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs Charles E Hopwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Prostate Gland	1 yr.
177X Antecedent cause(s)		
51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to July, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo. J. Gore M.D. — ADDRESS: 1 Mallow Hill Ave Balto. Md — DATE SIGNED: 8/1/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: 8/2/51 — NAME OF CEMETERY OR CREMATORY: St Johns Cemetery — LOCATION (City, town, or county) (State): Ellicott City

DATE REC'D BY LOCAL REG.: 8-2-51 — REGISTRAR'S SIGNATURE: W E Hardy

24. FUNERAL DIRECTOR: Mac Nabb & Son — ADDRESS:

183568

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06785

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Dundalk 22, Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Patapsco River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Station
STREET ADDRESS (If rural, give location) 233 Mallard Court

3. NAME OF DECEASED (Type or Print): (First) Wade (Middle) J. (Last) Horton
4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 19 51

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 10, 1939
9. AGE last birthday: 12 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Salisbury, Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wade R. Horton
14. MOTHER'S MAIDEN NAME: Thelma Conquest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wade R. Horton - 233 Mallard Court

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

920.8

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Patapsco River (CITY OR TOWN): Dundalk (COUNTY): Balto (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 7 - 19 - 51 2:10 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Boy was Swimming & Suddenly went down

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide , homicide , undetermined .*

SIGNATURE: M D Davis M E (Degree or title) ADDRESS: Dept Med. Exam. - Dundalk - Md DATE SIGNED: 7/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-23-51
NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
LOCATION (City, town, or county): Arbutus (State): Md

DATE REC'D BY LOCAL REG.: 7/23/51
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: Charles R. Law ADDRESS: 802 Madison Ave

06786

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the date of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Caves Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Caves Road

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) E (Last) Iler

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 20, 1884

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employed at farm work as loborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Iler

14. MOTHER'S MAIDEN NAME: Anna Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mamie Iler, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Oedema — 4 mo.

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

952 (c) Cardiac Decompensation — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY None — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. L. Caples, County Med Exam — (Degree or title) M.D. — ADDRESS Reisterstown, Md — DATE SIGNED 7-17-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 19, 1951 — NAME OF CEMETERY OR CREMATORY Gough Methodist Cem. — LOCATION (City, town, or county) Baltimore Co. (State)

DATE REC'D BY LOCAL REG. 7-17-51 — REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS J. F. Eline & Sons, Reisterstown, Md.

RECEIVED
JUL 1[illegible] 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

87

Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 43 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 2455 Fairway

3. NAME OF DECEASED (Type or Print): (First) RUDOLPH (Middle) IMPACIATORE (Last)

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: July 23 1891

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: GLEN L. MARTIN

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Massimo Impaciatore

14. MOTHER'S MAIDEN NAME: Lucia Rudolo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 177-14-1898

17. INFORMANT AND ADDRESS: Records - Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral vascular accident	24 hours
331X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiparesis, right	44 days
	(c) Cerebral arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1951, to July 4, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dr Gertrude J. Fleischmann · Spring Grove State Hospital-Catonsville 7-4-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: JULY 7 1951 — NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM. — LOCATION (City, town, or county): 4430 BELAIR RD (State): MD.

DATE REC'D BY LOCAL REG.: 7-6-51 — REGISTRAR'S SIGNATURE: — 24. FUNERAL DIRECTOR — ADDRESS: Dippel Bro 7110 BELAIR RD

VS. A5

51-377

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06785

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Wilson
LENGTH OF STAY (In this place) 2 yrs. 4 mos. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 240 S. Washington St.

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Paul (Last) Izdebski
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/22/02
9. AGE last birthday: 48 yrs. If under 1 year: Months 9 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY: American Radiator Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Izdebski
14. MOTHER'S MAIDEN NAME: Sophie Oknski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-01-4106
17. INFORMANT AND ADDRESS: Michael Izdebski, 240 S. Wash. St. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis; far advanced — 2½ yrs.

C02X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

12b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7, 1949 to 7/21, 1951, that I last saw the deceased alive on 7/21, 1951, and that death occurred at 5.00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Nuttamus M. D. Mt. Wilson, Md. 7/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/25/51
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
LOCATION (City, town, or county) (State): 4430 Belair Rd., Balto. Md.

DATE REC'D BY LOCAL REG. 7/21/51
REGISTRAR'S SIGNATURE: Helen R. Brayer
24. FUNERAL DIRECTOR: Lilly & Zeiler, Inc., 1901 Eastern Ave., Balto. Md.
ADDRESS

605376

RECEIVED
JUL 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(C.S.)

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 7yrs. 8mos. 15 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Taylor Home

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Miller (Last) Janney
4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 1, 1862
9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Montgomery County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Miller
14. MOTHER'S MAIDEN NAME: Caroline Hallowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No / No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis — 7yr +

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 7yr +

(c)

4/22.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 7yr +

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1943 to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE: Jno Elgin (Degree or title) M.D. ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL DATE SIGNED 7/3/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	July 5 51	Greenmount Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/5/51 | (REGISTRAR'S SIGNATURE) D.W. Hedrick Dep

24. FUNERAL DIRECTOR: Stewart & Mowen Co. ADDRESS 108 W. North Ave. Balto. 1, Md.

VS.-4-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — Glen Arm — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm (Rural) — LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dulaney Valley & Manor Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm (Rural)
STREET ADDRESS (If rural, give location): Dulaney Valley & Manor Rds

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Walter (Last) Jessop

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 2, 1863

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: owner

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles M. Jessop

14. MOTHER'S MAIDEN NAME: Emma Booth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss S. Edith Jones, Glen Arm, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 6 Mos.

44 X

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Interval: 16 yrs.

73d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — Interval: 30 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 53, to July 24, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 11:05 A.M. 7/24/51, from the causes and on the date stated above.

SIGNATURE (Degree or title): Emma G. Jones M.D. — ADDRESS: Fork, Md. — DATE SIGNED: 7/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: July 26 1951 — NAME OF CEMETERY OR CREMATORY: Chestnut Grove — LOCATION (City, town, or county) (State): Phoenix Md

DATE REC'D BY LOCAL REG. 7/25/51 — REGISTRAR'S SIGNATURE: Wm. J. Schildt

24. FUNERAL DIRECTOR — ADDRESS: Landon M. Bowden, Sparks, Md

VS. A15

RECEIVED
JUL 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore (Suburbs) MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Sulphur Spring Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 456 Cummings Court Mc Cullohs Beach

3. NAME OF DECEASED (Type or Print): (First) Foda (Middle) Mc Nair (Last) Johnson

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 25, 1907

9. AGE last birthday: 44 yrs. If under 1 year: Months 2, Days, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Red Spring, N. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Mc Nair

14. MOTHER'S MAIDEN NAME: Nora Wilson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. David L. Johnson 456 Cummings Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Insufficiency — Interval Between Onset and Death: 6 days

410 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Carditis — ?

920 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Fever. — Infective

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18/, 1951, to 7/26, 1951, that I last saw the deceased alive on 7/26/, 1951, and that death occurred at 4.15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ct Maloney MD 57 Winders Lane Balto-28 Md 7/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-29-1951 — NAME OF CEMETERY OR CREMATORY: Suburban Memorial Park — LOCATION (City, town, or county) (State): Suburban, Md.

DATE REC'D BY LOCAL REG. 7/27/51 — REGISTRAR'S SIGNATURE: A W Frederick

24. FUNERAL DIRECTOR: Mrs Katie R Williams — ADDRESS: Edmondson Ave

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 44

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

92

Reg. Dist. No. 32

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Garrison, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Garrison, Maryland
STREET ADDRESS (If rural, give location): Valley Road

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Henry (Last) Jones
4. DATE OF DEATH: (Month) July (Day) 1, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan. 29, 1862
9. AGE last birthday: 89 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Jones
14. MOTHER'S MAIDEN NAME: Rebecca Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Rebecca Gwathney, daughter, Garrison, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis	Sudden
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary Artery Disease	Unknown
420.1	(c)	Chronic Myocarditis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1951, to July 1, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE: E E Michaels (Degree or title): M. D. ADDRESS: Pikesville-8, Md. DATE SIGNED: July 2, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/5/51
NAME OF CEMETERY OR CREMATORY: St Luke
LOCATION (City, town, or county) (State): Reisterstown Md.

DATE REC'D BY LOCAL REG.: July 2, 1951
REGISTRAR'S SIGNATURE: E E Michaels
24. FUNERAL DIRECTOR: Thomas A Henley
ADDRESS: 518 N Biddle St

RECEIVED
JUL 6 1951
BUREAU V. ■

#'s 8 & 9 See Film G134 7/11/51 jt

MARYLAND STATE DEPARTMENT OF HEALTH

93

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. X-X

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Steel Corp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 700 N. Glover Street

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) (Karpinski) (Last) KARPINSKI
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Jan. 15, 1909
9. AGE last birthday: 41 42 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper
10b. KIND OF BUSINESS OR INDUSTRY: Sparrows Pt.
11. BIRTHPLACE (State or foreign country): Pola. Y
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexis Karpinski (Karpinski)
14. MOTHER'S MAIDEN NAME: Mary Helminski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Miss Anna Karpinski Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial fibrosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Right hydronephrosis	
	(c)	

G01X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE William Wood (Degree or title) ADDRESS 700 Fleet St., Baltimore 2, Md. DATE SIGNED July 3, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 4th, 51
NAME OF CEMETERY OR CREMATORY Holy Cross Cem.
LOCATION (City, town, or county) Denton (State) Md.

DATE REC'D BY LOCAL REG. 7-3-51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Moore Funeral Home Inc. Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05713

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oella Ave,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella
STREET ADDRESS (If rural, give location) Oella Ave

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) O. (Last) Keeney

4. DATE OF DEATH: (Month) July (Day) 2nd (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Widowed

8. DATE OF BIRTH: 7/22/1874

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ezra Keeney

14. MOTHER'S MAIDEN NAME: Rebecca Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-05-3602

17. INFORMANT AND ADDRESS: Mary A. Stauffer, Oella Avenue, Oella, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ASTHMA (CARDIAC) — Interval Between Onset and Death: 1-2 yrs

422.2 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MYOCARDIAL DEGENERATION (CHRONIC) — YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1950, to July 2, 1951, that I last saw the deceased alive on July 1 51, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: J. Lloyd Johnson (Degree or title) MD ADDRESS: CATON-VILLE MD DATE SIGNED: JULY 2, 1951.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 7/4/51 — NAME OF CEMETERY OR CREMATORY: Riverview Cemetery — LOCATION (City, town, or county) (State): Strasburg, Virginia

DATE REC'D BY LOCAL REG.: 7/3/51 — REGISTRAR'S SIGNATURE: W. Holland Dorsey

24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16794

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Liberty Nursing Home Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5743 Edmondson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 2702 Longwood St

3. NAME OF DECEASED (Type or Print): (First) SADIE (Middle) (Last) KELLNER

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1862

9. AGE last birthday: 89 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lazarus Stummer

14. MOTHER'S MAIDEN NAME: Clara Goetz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: William S Kellner 3408 Dennlyn Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis, generalized — ?

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 97 (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 48, to July 23, 19 51, that I last saw the deceased alive on July 22, 19 51, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sylvan H. Greaber M.D. ADDRESS Medical Arts Bldg DATE SIGNED July 23, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 25, 1951

NAME OF CEMETERY OR CREMATORY Baltimore Hebrew Cemetery

LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REG. 7/24/51

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR ADDRESS Sol Levinson & Bros 1124 N. North Avenue #77

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas; STREET ADDRESS (If rural, give location) York Road

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Mary (Last) Kennedy

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4 March 1853

9. AGE last birthday: 98 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Texas, Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Shea

14. MOTHER'S MAIDEN NAME: Mary Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Daughter - Maude Kennedy Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Interval Between Onset and Death: Unknown

450.0 95c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to July, 1951, that I last saw the deceased alive on 30 July, 1951, and that death occurred at 10:00 A m., from the causes and on the date stated above.

SIGNATURE: Andrew T. Keyo (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 31 July 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-3-51

NAME OF CEMETERY OR CREMATORY: ST. JOSEPH'S CEM.

LOCATION (City, town, or county) (State): Texas, Balto. Co.

DATE REC'D BY LOCAL REG. 8/4/51

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Greenfield & Sons ADDRESS: Fremont Ave & Saratoga St.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco — LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print): (First) David (Middle) R. (Last) King Jr.

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 13 1900

9. AGE Last birthday: 5-7 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jge King

14. MOTHER'S MAIDEN NAME: Margie Bolt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 228-07-4754

17. INFORMANT: Dean King - Belair Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval between onset and death: 5 mo.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 6 mo.

124b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver — 3 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 50, to July 6, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 12:30 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Maurice C. Carter Jr. M.D | Hampstead, Md | 7-6-51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: July 8-51 | NAME OF CEMETERY OR CREMATORY: St Pauls | LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG. 7-9-51 | REGISTRAR'S SIGNATURE: Mary B. Eline | 24. FUNERAL DIRECTOR: Edw C. Upton | ADDRESS: Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
JUL 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville (Towson RD) — LENGTH OF STAY (In this place) 2 weeks — HOSPITAL OR INSTITUTION OR STREET ADDRESS Quinton Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: ~~STATE~~ Norway — ~~COUNTY~~ — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kristiansand S — STREET ADDRESS (If rural give location) Prestriken

3. NAME OF DECEASED (Type or Print): (First) Lars (Middle) Wilhelm (Last) Klungland

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 12, 1913

9. AGE last birthday: 37 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mason-Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Silvana, Washington USA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michal Klungland

14. MOTHER'S MAIDEN NAME: Marie Lund

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 215-32-5463

17. INFORMANT: Lars Thaaldsen (cousin)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac disease, coronary, with occlusion — Interval Between Onset and Death: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94.0 (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Collin C. Hudson MD DME. Towson, Md. 7/7/51

23. BURIAL, CREMATION, REMOVAL — DATE THEREOF July 10-1951 — NAME OF CEMETERY OR CREMATORY Prospect Hill — LOCATION (City, town, or county) (State) Towson Md.

DATE REC'D BY LOCAL REG. 7/9/51 — REGISTRAR'S SIGNATURE a W Hedrick — 21. FUNERAL DIRECTOR John Burns & Son — ADDRESS 610 York Rd

JT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06798

Reg. Dist. No. 5-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (in this place): 18 yrs. 4 mths. 18 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 27 N. Elwood Ave.

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) W. (Last) KOUTZ

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Mar. 29, 1884

9. AGE last birthday: 67 yrs. If under 1 year: Months 3 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): roofer

10b. KIND OF BUSINESS OR INDUSTRY: roofing

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Andrew J. Koutz

14. MOTHER'S MAIDEN NAME: Barbara Will

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	Several yrs
	(c) Generalized arteriosclerosis	" "

4/20. 6 93 d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1950, to July 2, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 2 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ethel B. Hermann Green M.D. ADDRESS: Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED: 7-2-51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE THEREOF: JULY 5 1951 NAME OF CEMETERY OR CREMATORY: TRINITY CEMETERY. LOCATION (City, town, or county): O'DONNELL ST (State): MD

DATE REC'D BY LOCAL REG.: 7/3/51 REGISTRAR'S SIGNATURE: J. H. W. Kuhns Dep

24. FUNERAL DIRECTOR: Duffy Bro. ADDRESS: 1800 E LOMBARD ST.

VS. 47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

U 6793

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. AN 1

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 1 mo 11 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4412 Mount View Rd.

3. NAME OF DECEASED (Type or Print): (First) Ernestine (Middle) Hendricks (Last) Kugler

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 21, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: (First name unknown) Hendricks

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Virgil Kugler (son) 4412 Mount View Rd Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset and Death: several yrs

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Senile arteriosclerotic nephrosclerosis — " "

(c) Suprarenal arteriosclerosis — " "

1120.0

121.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1951, to July 10, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 7.50 p.m., from the causes and on the date stated above.

SIGNATURE: Ethel B. Herrmann, Grew M.D. (Degree or title) ADDRESS: Spring Grove State Hospital Catonsville 28 Md DATE SIGNED: 7/10/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 13-1951

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 7/12/51

REGISTRAR'S SIGNATURE: a W Pickrell JT

24. FUNERAL DIRECTOR: Robt O. Walters ADDRESS: 351 N Fredrick Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville e; LENGTH OF STAY (in this place) 17 yr. 1 mth. 21 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) (Unknown)

3. NAME OF DECEASED (Type or Print): (First) JACOB (Middle) (Last) KURELUK

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married?

8. DATE OF BIRTH: Oct. 8, 1886

9. AGE last birthday: 64 yrs. If under 1 year: Months 9, Days 19; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR IN: Unknown

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY: Russia

13. FATHER'S NAME: Wesley Kureluk

14. MOTHER'S MAIDEN NAME: A nna (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 26, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Squamous cell carcinoma of the larynx with metastases — Interval Between Onset and Death: over 1 yr.

161 A

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47 a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 21, 19 51, to July 27, 1951, that I last saw the deceased alive on July 27, 19 51, and that death occurred at 7:25 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ethel B. Herrmann Asst. M.D. Spring Grove State Hospital Catonsville 28, Md. 7-27-51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 7/30/51 | NAME OF CEMETERY OR CREMATORY Univ. of Md. Med. School | LOCATION (City, town, or county) (State) Baltimore City Md

DATE REC'D BY LOCAL REG. 7/30/51 | REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Frances A. Hemsley ADDRESS 678 N. Biddle St

9-20-11-11

RECEIVED
AUG 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (In this place) 2 Mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) Charles & Greenway Sts.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mazella		Lauer	July 11, 1951 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Single	Aug. 17, 1885	65 yrs. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper for self		Baltimore City	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Solmon Lauer	Delia Ottinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give WAR and dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None		Mrs. Leon Lauer, Emersonian Apts.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery Disease — 9 hrs.

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Not	None			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None m.		None.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✕, Inquiry ✕ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. H. Caples Deputy Med. Exam. M.D. Reisterstown, Md. '51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 13, 1951	Har Sinai Cem	5241 Erdmond Ave.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
7-12-51	Mary B. Eline.	David Sondheim & Son 1902 Eutaw Place Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A12A

RECEIVED
JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7122 Martell Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 7122 Martell Ave.

3. NAME OF DECEASED (Type or Print): (First) Aaron (Middle) C. (Last) Leach

4. DATE OF DEATH: (Month) 7/ (Day) 25/ (Year) 51 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 1/17/1885

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: S. Point Md.

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Caroline S. H. Leach 7122 Martell Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY THROMBOSIS	2 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROSIS	5 YRS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CORONARY INSUFFICIENCY — 7 MO

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1951, to JULY 25, 1951, that I last saw the deceased alive on JULY 25, 1951, and that death occurred at 8. P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James F Kavanagh	M.D.	3014 Mt Pleasant	7-27-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/30/51	Oak Lawn	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/27/51	A W Hedrick	Leonard Fuhrman	1639 Broadway

VS-A15

11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 4 yrs. 9 mo 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belle View
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alberta (Middle) (Last) Lempke

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Exact date unknown - 1867

9. AGE last birthday: About 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Easton, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Alberta Lempke, Belle View, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far Advanced Pulmonary Tuberculosis — Interval Between Onset and Death: 9 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1946, to 7/2, 1951, that I last saw the deceased alive on 7/2, 1951 and that death occurred at 7:08 a m., from the causes and on the date stated above.

SIGNATURE: William Newcomer (Degree or title) ADDRESS: Mt. Wilson, Md. DATE SIGNED: 7/2/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/4/51
NAME OF CEMETERY OR CREMATORY: Springfield Cemetery
LOCATION (City, town, or county): Carroll Co., (State): Md.

DATE REC'D BY LOCAL REG. 7/2/51
REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. ADDRESS

RECEIVED
JUL - 6 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

VC504

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glyndon Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; STREET ADDRESS (If rural, give location) Glyndon Park

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) M. R. (Last) L'Esperance

4. DATE OF DEATH: (Month) (Day) (Year) July 15, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 15, 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employed in office

10b. KIND OF BUSINESS OR INDUSTRY: Television Co. Md.

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David L'Esperance

14. MOTHER'S MAIDEN NAME: Margaret McBride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-03-6098

17. INFORMANT: Elizabeth P.L'Esperance, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 132	(b) Myocarditis Chronic	3 yrs.
	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-40, 19..., to 7-15-51, 19..., that I last saw the deceased alive on 7-..., 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L. Safell M.D. ADDRESS Reisterstown Md. DATE SIGNED 7/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 17, 1951

NAME OF CEMETERY OR CREMATORY: Kensico Cemetery

LOCATION (City, town, or county) (State): Kensico, New York

DATE REC'D BY LOCAL REG.: 7-15-51

REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS: J.F.Eline & Sons, Reisterstown, Md.

-06

RECEIVED
JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Recedo Knoll Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): Recedo Knoll Nursing Home

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) (Last) Liddy

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug. 2, 1874

9. AGE last birthday: 76 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Clerk~~

10b. KIND OF BUSINESS OR INDUSTRY: ~~Bank~~

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Curtis P Liddy

14. MOTHER'S MAIDEN NAME: Emma Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. G.E.Maglidt 202 Church Lane Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral hemorrhage	2 mos.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic C.V. Disease	10 years
	(c)		

4221

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 8.45 P. m., from the causes and on the date stated above.

SIGNATURE: John F. Coolahan (Degree or title) M.D. ADDRESS: 4201 Williams Ave DATE SIGNED: July 29, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 30, 1951
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 7/30/51
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS: 1217 St. Paul St.

VS. A-15

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8806

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Reisterstown
STREET ADDRESS (If rural, give location) Dover Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Royden (Last) Long

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 24 August 1895

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assembly

10b. KIND OF BUSINESS OR INDUSTRY: Black & Decker

11. BIRTHPLACE (State or foreign country): Reisterstown, Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Henry Long

14. MOTHER'S MAIDEN NAME: Annie Bearholt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-14-8434

17. INFORMANT AND ADDRESS: Myra Griffith, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Stomach — Interval between onset and death: 9 months.

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

460 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 13 June 1951

19b. MAJOR FINDINGS OF OPERATION: Cancer of Stomach

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to July, 1951, that I last saw the deceased alive on 17 July, 1951, and that death occurred at 10:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter T. Rees M.D. Cockeysville, Maryland 17 July '51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 20-1951

NAME OF CEMETERY OR CREMATORY: Grace Methodist

LOCATION (City, town, or county) (State): Falls Road Balto Co. Md.

DATE REC'D BY LOCAL REG. 7-19-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John Burns Sons ADDRESS: 610 York Rd

Woman 4

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Anna Lusby

2. DATE OF DEATH July 10, 1951

3. PLACE OF DEATH A. [redacted] Maryland, MALTIMORE Long Beach

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Box 234 B Rt. 15

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before adm.)
A. STATE Maryland
B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and township) Long Beach
D. STREET ADDRESS (If rural, give location) Box 234 B Rt. 15

5 SEX	6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widowed	June 10, 1889	62				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed	None	Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Unknown		William Kander	2232 E Eager St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary edema	2 weeks
	DUE TO	
420.0 ANTECEDENT CAUSES	(B) Cardiac failure	18 months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 7'd	DUE TO (C) Arteriosclerotic coronary heart disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
July 10, 51 9:30 A.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1 July, 19 51, *to* 10 July, 19 51 *that I last saw the deceased alive on* 8 July, 19 51, *and that death occurred at* 9:30 AM *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles W. Kerr M. D.	6801 Belair Rd. 6.	10 July 51.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	7-12-51	Druid Ridge	Dorsey Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
7-11-51	A W Hedrick	Wm. Cook Inc.	1217 St. Paul St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 22 yrs. 9 mths. 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 427 E. Biddle St.

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) (Last) MacDOUGALL

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1885

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Grocers

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Donald MacDougall

14. MOTHER'S MAIDEN NAME: Matilda Baird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Manic depressive, manic

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to July 2, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 5:10 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Samuel E. Hazard M.D. Spring Grove State Hospital Catonsville 28, Md. 7-2-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-3-51

NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 7/3/51

REGISTRAR'S SIGNATURE: A.D. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Elmer W. Conklin 924 E. Eager St.

Item 9 FilmG135 8/6/51 W.W.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Essex MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (in this place) 68 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 1501 Eastern Ave (21)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) J. (Last) McLone
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	White	Widow	July 17 1883	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mowan (Keyser)
14. MOTHER'S MAIDEN NAME: Ruth Ashman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs John Josenhans 1501 Eastern Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral embolism	
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92 d	(b) Auricular fibrillation	
	(c) Chronic valvular heart disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to July, 1951, that I last saw the deceased alive on 28 July, 1951, and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE Charles E. Kerr (Degree or title) MD ADDRESS 6801 Belair Rd. DATE SIGNED 30 July 51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 31/51	Sun & Lutheran	Baltimore	Md

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
7/31/51 | D.E. Hollock | Philip Davis & Sons | 2024 Orleans St

VS: A15

31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06810

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3014 Gwynns Falls Pkwy.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FLORENCE		MANUEL	July	9	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	June 6, 1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- Heskett	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
-		-	Mr. Ray Heskett - Front Royal, R. F. D.#1 Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Primary Ca of Left Lung	1 yr (?)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) metastasis to ribs & vertebrae	6 mo
	(c)	

162X
47d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-21, 1951, to 7-9, 1951, that I last saw the deceased alive on 7-9, 1951, and that death occurred at 9:750 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilmer K. Gallagher	M.D.	Catonsville-28, Md.	7-10-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/12/51	Prospect Hill Cem.	Front Royal, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/10/51	A W Pedrick	H. M. J. Eichner & Sons	Balto. Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-45

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 112 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2506 Fait Avenue

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) J. (Last) MARSONEK

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-15-1900

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber (unemployed)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Marsonek

14. MOTHER'S MAIDEN NAME: Mary March

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 220-05-4939

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE WITH CONGESTIVE HEART FAILURE — Interval Between Onset and Death: UNKNOWN

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

934

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1951, to July 31, 1951, [illegible] and that death occurred at 10:25 A.m., from the causes and on the date stated above.

SIGNATURE: Irving Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 7-31-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: August 3,1951

NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 8-1-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Charles D. Sadowski ADDRESS: 1808 Eastern Ave. Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M
M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6512

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House In Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wiltondale
STREET ADDRESS (If rural, give location) 615 Sussex Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edith	Emma	Mason	July 10, 1951. 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	Oct. 4, 1872	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Iowa	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cook	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Charles Mason, 615 Sussex Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 4/51

443X 95c Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — ?
(c) Cardiac Hypertrophy — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1949, 19..... to 7/10, 19.51, that I last saw the deceased alive on 7/9, 19.51, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter E. Karlgin — ADDRESS 4331 Harford — DATE SIGNED 7/11/51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 13/51	Woodlawn	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/12/51	C. Wyndham Hartzler	Harry A. Whitfield	4101 Edmondson Ave

JT

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
   LENGTH OF STAY (in this place): 5mos. 5 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural, give location): 3535 Newland Road

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Ida (Last) Mason

4. DATE OF DEATH: (Month) June (Day) 13, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 6, 1861

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Winchester, Virginia

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: William Evans

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Catherine E. Cook--Daughter
3535 Newland Road--Baltimore, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hypostatic Broncho-Pneumonia	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Rt. Femur (Intertrochanteric)	4 wks.
(c) Arteriosclerotic C-V. Disease	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF INJURY (Give bldg. etc.): Spring Grove Hosp. (CITY OR TOWN): Catonsville--Baltimore, Maryland (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): June 17, 1951 1pm.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?: Rolled out of bed.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. N. Caplis (Degree or title): Deputy. Med. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 7-13-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 17-51 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG.: 7-16-51 — REGISTRAR'S SIGNATURE: Ann Hedrick

24. FUNERAL DIRECTOR: Minnie C. Lyles — ADDRESS: 1600 W. North Ave.

VS. A15A

Residence fr m Augsburg Home by phone 8-9-51 mas

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Balto 7. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bkesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY
STATE Md 2916 Park Ave.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Baltimore
STREET ADDRESS (If rural, give location) 68 Mi. Towson Pike

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) Emma (Last) Mayes

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1951

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH March 18 1874 | 9. AGE Last Birthday 77 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Jones Spring Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Calvin L Amy | 14. MOTHER'S MAIDEN NAME Margaret Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Mrs Richards Augsburg Home Campfield Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Liver

156.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Arthritis Deformans

46 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1951, to 21 July, 1951, that I last saw the deceased alive on 20 July, 1951, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE Dr Linn N. Shue | (Degree or title) M.D. | ADDRESS 410 Dickeyville Hgts | DATE SIGNED 7-21-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 24 51 | NAME OF CEMETERY OR CREMATORY Jessops Cemetery | LOCATION (City, town, or county) (State) Sparks Md

DATE REC'D BY LOCAL REG. 7/24/51 | REGISTRAR'S SIGNATURE E W Hedrick | 24. FUNERAL DIRECTOR Paul A Lemmon | ADDRESS 6005 Harford Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 19b FilmG135 8/21/51 rts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort Howard, Maryland Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 5
STREET ADDRESS (If rural, give location) 2528 E. Madison Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) E. (Last) McClaskey
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-3-76
9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trainman (Conductor)
10b. KIND OF BUSINESS OR INDUSTRY: Pa. R. R. Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. McClaskey
14. MOTHER'S MAIDEN NAME: Annie Gourley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish Americanone War.
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MIOCARDIAL EDEMA WITH FAILURE	Several Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) RETROPUBIC PROSTECTOMY	June 19, '51
	(c) PARTIAL GASTRIC RESECTION	7/9/51

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION: 6/19/51 - 7/9/51
19b. MAJOR FINDINGS OF OPERATION: 7/1/51 BLEEDING PEPTIC ULCER 8/21/51
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 12, 1951, to July 21, 1951, that I last saw the deceased alive on [illegible] and that death occurred at 8:40 Pm., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) WILLIAM B. VANDEGRIFT, M.D. ADDRESS Chief, Laboratory Service, VAH, Ft. Howard, Md. DATE SIGNED 7-22-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/25/51
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 7-24-51
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Schimunok Funeral Home ADDRESS 2601 E. Madison Baltimore, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06816

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown P.O.; LENGTH OF STAY (In this place): 4 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Reisterstown & Delight Roads

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown P. O.; STREET ADDRESS (If rural, give location): Reisterstown & Delight Roads

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Norman (Last) McCullough

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 26, 1908

9. AGE last birthday: 42 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filling Station Owner

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George F. McCullough

14. MOTHER'S MAIDEN NAME: Laura Frances Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-20-9705

17. INFORMANT AND ADDRESS: Mrs. Ruth E. McCullough Reisterstown Box 89

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis Art. Sclerosis	1 yr. 1 yr.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus.	12 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1951, to 7/10, 1951, that I last saw the deceased alive on 7/9, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James A. Miller M.D. ADDRESS: Pikesville 8, Md. DATE SIGNED: 7/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 13, 1951 | NAME OF CEMETERY OR CREMATORY: Saters Baptist | LOCATION (City, town, or county) (State): Baltimore Co. Maryland

DATE REC'D BY LOCAL REG.: 7/12/51 | REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road

Horace F. Burgee Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17

Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital; MARYLAND; LENGTH OF STAY (in this place): 37 yrs. 12 mths. 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; STREET ADDRESS (If rural, give location): Spring Grove St. Hospital

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (Last) McGILL

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 5. 1881

9. AGE last birthday: 70 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm helper

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Hollywood Ed Marys County, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John McGill

14. MOTHER'S MAIDEN NAME: Molly (maiden n ame unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	Several yrs.
420.0 93d	(c) Thrombosis of the left middle meningeal arteryon March 16, 1951	4 mths
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized arteriosclerosis	Several yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1951, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

SIGNATURE: Ethel B. Hermann-Greene (Degree or title) M.D. ADDRESS: Spring Grove State Hospital Catonsville 28, Md. DATE SIGNED: July 18, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 21st 1951; NAME OF CEMETERY OR CREMATORY: Washington National; LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: 7/21/51; REGISTRAR'S SIGNATURE: C E Burns

24. FUNERAL DIRECTOR: Robert A. Mattingly; ADDRESS: 131-11th St S E Wash. D. C.

VS. 1.3

RECEIVED
JUL 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore (Pikesville) — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 22 Walden Ave.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Mary (Last) McGuire
4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1951
5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Nov 29. 1928 | 9. AGE last birthday 22 yrs. | If under 1 year: Months 7 Days 8 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Balto City | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Francis McGuire | 14. MOTHER'S MAIDEN NAME Marguerite Dnahue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 212-26-1730 | 17. INFORMANT Edward Francis McGuire

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hodgkins Disease — July 1948

201X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 446 (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia

19a. DATE OF OPERATION July 29. 48 | 19b. MAJOR FINDINGS OF OPERATION Biopsy (Typical Hodgkins cells.) | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to July 7, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Palmer H. Williams M.D. Pikesville. Md. July 7. '51

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 7/10/51 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) Pikesville (State) Md

DATE REC'D BY LOCAL REG. July 9 1951 | REGISTRAR'S SIGNATURE E E Michaels | 24. FUNERAL DIRECTOR Frank A. Speed Inc ADDRESS Pikesville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01

1. PLACE OF DEATH:
County: Baltimore
City or town: Turner's Station
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 years
Hospital, institution, or street address where death occurred: none
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Turner's Station
(If outside city or town limits, write RURAL and give nearest town)
Street No. 129 Flemming Drive
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME: Willie Early McNair

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	col	single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 11th 1904

8. AGE: Years 47 | Months 6 | Days 9 | If less than one day: hrs. min.

9. Birthplace: NC (Town, county, and state)

10. Usual occupation: Brick Layer helper

11. Industry or business: Labor

FATHER 12. Name: Frank mc nair
13. Birthplace: South Carolina

MOTHER 14. Maiden name: Rosa mc intyre
15. Birthplace: S C.

16. Informant: James mc Nair
Address: 908 Walnut St Dundalk

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23 51 (month) (day) (year)
Cemetery or crematory: Mt Calvary Cemt
Location: A A Co Md
18. Funeral director: Marsh L Bowman
Address: 1084 Montgomery St

19. 7/23 19 51 a Whitehead Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 20th 1951 at 2:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1950 to July 20 1951
and that I last saw h alive on July 19th 1951

Immediate cause of death: Lobar Pneumonia — DURATION: 5 days
Due to: Epilepsy (Grand Mal) — (17)
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E H Thomas MD M. D. or other
Address: 107 Grandstaff Dr Dundalk Md Date signed: 7/20/51

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AGE ETC: missing inf. form from Dr. Solod filmed 8-1-51 G135 L (WHW)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6631?

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 31 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 BALTIMORE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 115 BALTIMORE AVE.

3. NAME OF DECEASED (Type or Print): (First) SHARON (Middle) LEE (Last) MORRIS

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) -

8. DATE OF BIRTH 12/14/1948

9. AGE last birthday: 2 yrs. If under 1 year: Months - Days - If under 24 hrs.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) md.

12. CITIZEN OF WHAT COUNTRY? -

13. FATHER'S NAME ROY LEE MORRIS

14. MOTHER'S MAIDEN NAME MARY LEE MORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -

16. SOCIAL SECURITY NO. - -

17. INFORMANT AND ADDRESS ROY LEE MORRIS - (SAME)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Schilder's Disease (Encephalitis Periaxalis Diffusa) — Interval Between Onset and Death: 1 yr.

355X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) -

(c) -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION - 19b. MAJOR FINDINGS OF OPERATION - 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) - (COUNTY) - (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. - INJURY OCCURRED While at Work ☐ Not While At work ☐ - HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 1950, to 22 July, 1951, that I last saw the deceased alive on 22 July, 1951, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard W. Faust — ADDRESS 2900 Dunbarton Rd Dundalk Md. — DATE SIGNED 24 July 51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF 7/25/51 — NAME OF CEMETERY OR CREMATORY OAK LAWN — LOCATION (City, town, or county) (State) BALTO. CO. Md.

DATE REC'D BY LOCAL REG. July 24-1951 — REGISTRAR'S SIGNATURE Vivian M. Kelly Jr. — 24. FUNERAL DIRECTOR — ADDRESS Wiatt Funeral Home, Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JUL 20 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Holbrook
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND
LENGTH OF STAY (in this place) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Holbrook
STREET ADDRESS (If rural, give location) Woods Chapel Road.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Jesse	William	Nicholson	July	2	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	June 30, 1902	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanical Engineer	Woolen Mills	Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jesse W. Nicholson	Alice V. Stern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	214-03-3670	Mrs Lou M. Nicholson - Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Vascular Disease

441 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterial Hypertension (Malignant)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to 7/2/51, 19..., that I last saw the deceased alive on 7/2/51, and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wm. E. Martin, M.D.	Randallstown Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-4-51	Mt Olive	Randallstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/3/51	Wm. E. Martin	Luther H. Haight	Lyndhurst, Md.

VS-A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 9 1951
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5003 Gwynndale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 5003 Gwynndale Ave.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) A. (Last) NOEL
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 19, 1884
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Lindsay
14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT AND ADDRESS: Mr. Frank I. Noel - 5003 Gwynndale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the Colon — Uncertain

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 2 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 13, 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon with Metastases
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1947, to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joshua H. Armacost M.D. 6419 Windsor Mill Rd Baltimore 7 Md. July 4 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/7/51
NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 7/5/51
REGISTRAR'S SIGNATURE: D.W. Redmond
24. FUNERAL DIRECTOR: W.M. J. Tickney & Sons
ADDRESS: Balto (Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay; LENGTH OF STAY (in this place) 1 month 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Sanitarium	STREET ADDRESS (If rural, give location) 3503 Newland Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Matilda		North	July	15	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	W	Feb 22 1867	84 yrs.	4	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Julius Matter	✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		W. Harry North 3503 Newland Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral vascular accident, thrombosis	1 week
331X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	many years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophic arthritis, knees + other joints	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June 16, 1951, to July 14, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 2:22 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lewis P. Gundry M.D. 7/15/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/17/51	New Cathedral Cem.	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-16-51		John A. Moran 3000 E. Balto. St.

H.E. Lewis

VS-115

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6623

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place) 27 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 520 Franklin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 520 FRANKLIN AVE

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) B. (Last) NOWACKI

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1951 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 11 1904

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLOTHING.

10b. KIND OF BUSINESS OR INDUSTRY: CLOTHING MFG.

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN SPORNY

14. MOTHER'S MAIDEN NAME: BERTHA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 212-10-2709

17. INFORMANT: FRANK S. NOWACKI 520 FRANKLIN AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

581.0 **Immediate cause** (a) Fatty liver

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

1246 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos. F. Tinkler — M.D. 700 Fleet St., Baltimore 2, Md. July 2, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: JULY 5 1951

NAME OF CEMETERY OR CREMATORY: HOLY CROSS P.N.C. CEM.

LOCATION (City, town, or county) (State): GERMAN HILL RD MD.

DATE REC'D BY LOCAL REG.: 7/3/51

REGISTRAR'S SIGNATURE: R.W. Hedrick

24. FUNERAL DIRECTOR: Dippel Bros. ADDRESS: 1800 E LOMBARD ST

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

MD 21

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore –
STREET ADDRESS (If rural, give location) 84 Yorkway (Apt. C)

3. NAME OF DECEASED (Type or Print): (First) CARL (Middle) E. (Last) OLSON
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-16-92
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fixture Builder
10b. KIND OF BUSINESS OR INDUSTRY: AIRCRAFT
11. BIRTHPLACE (State or foreign country): New York City, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Olson
14. MOTHER'S MAIDEN NAME: Amanda Liljestrand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 548-09-7439
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chro nic Rheumatic endocardites of aortic valve with a ortic insufficiency — Unknown

411X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
12a
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1951, to July 2, 1951, that I last saw the deceased XXXXXXXXXXXXXXXXXXXX, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wilbur Ellis, MD — ADDRESS: Ft. Howard VA Hosptl. — DATE SIGNED: 7/2/1951

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 7/5/1951 — NAME OF CEMETERY OR CREMATORY: BALTO. NATIONAL — LOCATION (City, town, or county) (State): BALTO. Md.

DATE REC'D BY LOCAL REG.: July 4-1951 — REGISTRAR'S SIGNATURE: Valerian M. Keely Jr. — 24. FUNERAL DIRECTOR: Walter Brooks Bradley — ADDRESS: Dundalk, Md.

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 8 1951
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06825

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 6109 Belair Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HARVEY (Last) OSBORN

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2-19-92

9. AGE last birthday: 59 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milkman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Osborn

14. MOTHER'S MAIDEN NAME: Lucretia Greenfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 216-10-8599

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

145X Immediate cause (a) BILATERAL CARCINOMA OF ADRENALS WITH METASTASIS TO APEX OF LEFT LUNG AND CERVICAL LYMPH NODES — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 55a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1951, to July 13, 1951, and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE: Walter R Benson
(Degree or title)
WALTER R. BENSON, M. D.

ADDRESS: VAH, Fort Howard, Maryland

DATE SIGNED: 7-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-16-51

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: July 14-1951

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Lassahn Funeral Home

ADDRESS: 7401 Belair Road, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 09

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5205 Carter Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) P. (Last) PATTERSON
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	7-25-76	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief engineer (unemployed)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Patterson
14. MOTHER'S MAIDEN NAME: Elias E. Purcell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) SAW
16. SOCIAL SECURITY NO. 218-18-9979
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBRAL THROMBOSIS WITH LEFT HEMIPLEGIA	2 months
	(c)	

331X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1951, to July 10, 1951, [redacted], and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS DATE SIGNED
IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 7-11-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-13-1951	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/12/51
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck Funeral Home 5303 Harford Rd., Baltimore, Md.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06827

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colonial Village | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7024 Plymouth Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto., Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colonial Village
STREET ADDRESS (If rural, give location) 7024 Plymouth Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) E. (Last) Pforr Jr.

4. DATE OF DEATH: (Month) July, (Day) 22, (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April, 3, 1934

9. AGE last birthday: 17 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School- Boy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles E. Pforr Sr.

14. MOTHER'S MAIDEN NAME: Marjorie Akehurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Charles E. Pforr Sr. 7024 Plymouth Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Sarcoma of Breast	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	with metastases	
	(c)		

17 X
50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 14-June-51

19b. MAJOR FINDINGS OF OPERATION: Sarcoma left breast with metastases

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 19 49, to 22-July, 1951, that I last saw the deceased alive on 21-July, 19 51 and that death occurred at 8:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard T. Shackelford M.D. ADDRESS 18 E. Eager St. Balto-2, Md. DATE SIGNED 24-July-1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July, 26, 1951 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery | LOCATION (City, town, or county) (State): Pikesville Md.

DATE REC'D BY LOCAL REG. 7-25-51 | REGISTRAR'S SIGNATURE L. W. Akehurst | 24. FUNERAL DIRECTOR Upton Funeral | ADDRESS 4510 Liberty Heights Ave?

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1241 Hilldale Balto Co — LENGTH OF STAY (In this place) 26 yrs
Roseleigh
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1241 Hilldale Ave Balto 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1241 Balto Co Md-Roseleigh
STREET ADDRESS (If rural, give location) 1241 Hilldale Ave Balto 6

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ralph	Clinton	Powell	7	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W		Dec 6 1894	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Motor Car.	Balto Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Powell	Catherine Sowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	212-09-5286	Mrs Powell (wife) 1241 Hilldale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cancer of Brain 2° to	3 mos
162 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47d	(b) Cancer of Lung	3 mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-13, 1951, to 7-25, 1951, that I last saw the deceased alive on 7-23, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. E. Williams	MD	41 Honeysuckle Rd Balto 20	7-25-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/28/51	Parkwood	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/27/51	C W Bennett	Blanche E Hoffmann	1639 Broadway

51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS Al

MARYLAND STATE DEPARTMENT OF HEALTH 06829

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oak Grove Park, Balto County North Point Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1106 Harford Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIE (Middle) BARBER (Last) PRESSLEY

4. DATE OF DEATH: (Month) (Day) (Year) JULY 14, 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 8, 191[illegible]

9. AGE last birthday: 34 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel worker

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co

11. BIRTHPLACE (State or foreign country): Kingstree, South Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Solly Driffin

14. MOTHER'S MAIDEN NAME: Ida Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 248-14-2643

17. INFORMANT AND ADDRESS: Louis Driffin-1340 Argyle Ave-Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.4 **Immediate cause** (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Swimming Pool | (CITY OR TOWN) (COUNTY) (STATE) Mt. Old Battle Grove - Balto. Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 7 14 1951 4 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Jumped into pool + did not Come up

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J M Downs M.D. Dept. Med. Exam. - Dundalk Md. 7/16/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/22/51 | NAME OF CEMETERY OR CREMATORY Bellevue Cross Road | LOCATION (City, town, or county) Williamsburg Co. S.C. (State)

DATE REC'D BY LOCAL REG. 7-16-51 | REGISTRAR'S SIGNATURE A W Redwine | 24. FUNERAL DIRECTOR Charles R. Law | ADDRESS 802 Madison Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

06830

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the figures and words clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (in this place): 7 yrs. 3 mths. 30days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 620 N. Calvert St.

3. NAME OF DECEASED (Type or Print): (First) LAMBRINA (Middle) ELEANOR (Last) PSAROS

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 51

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 10, 1907

9. AGE last birthday: 43 yrs. If under 1 year: Months 8; If under 24 hrs.: Days 15; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? Greece

13. FATHER'S NAME: John Nicoladius

14. MOTHER'S MAIDEN NAME: Clapi (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cardio-respiratory failure	2 hrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive cardiovascular disease	over 8 years
	(c)	Chronic glomerulonephritis	over 1 yr.

4437 131.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 11, 1951, to July 25, 1951, that I last saw the deceased alive on July 25, 19 51, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ethel B Herrmann-Greene MD

ADDRESS: Spring Grove State Hospital Catonsville, Maryland

DATE SIGNED: 7-25-51

23. BURIAL, CREMATION OR REMOVAL (Specify): BURIAL

DATE THEREOF: 7/29/51

NAME OF CEMETERY OR CREMATORY: GREEK ORTHODOX

LOCATION (City, town, or county): DICKEYVILLE (State): MD

DATE REC'D BY LOCAL REG.: 7/26/51

REGISTRAR'S SIGNATURE: a w Redwick

24. FUNERAL DIRECTOR: GEO. H LEIMBACH SR

ADDRESS: WILKINSBURG PA

VS-4

51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 3-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (In this place) 8 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Leon (Last) Pumphrey

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: FEB. 6 1909

9. AGE last birthday: 42 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bull Dozer Operator

10b. KIND OF BUSINESS OR INDUSTRY: Butler Const. Co.

11. BIRTHPLACE (State or foreign country): Anne Arundel Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Knobie Pumphrey

14. MOTHER'S MAIDEN NAME: Mattie Jordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 213-03-2040

17. INFORMANT: Mrs. Alma L. Pumphrey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull (crushed) Traumatic-Accident — Interval Between Onset and Death: Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Building under construction (CITY OR TOWN) Towson 4 (COUNTY) Baltimore (STATE) Md

TIME OF INJURY (Month) 7 (Day) 26 (Year) 51 (Hour) 3:45 p.m. INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Building broke apart which fell across body

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) M.D. M.E. ADDRESS Towson Md DATE SIGNED 7/26/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF July 30, 1951; NAME OF CEMETERY OR CREMATORY Glen Haven; LOCATION (City, town, or county) Glen Burnie (State) Md.

DATE REC'D BY LOCAL REG. Aug. 2 1951; REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR P F Singleton ADDRESS Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 11

1. PLACE OF DEATH: COUNTY BALTO. COUNTY. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
LENGTH OF STAY (In this place) 19 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7863 EASTERN A.E

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 7863 EASTERN AVE. ESSEX

3. NAME OF DECEASED (Type or Print): (First) GIOVINA (Middle) (Last) RATTENNI OR RATTENI
4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 19[illegible]

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED
8. DATE OF BIRTH NOV. 8 1887?
9. AGE last birthday 80 yrs. If under 1 year: Months 7 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) PALENA, CHIETI ITALY
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME GIOVANNI LIBERATORE
14. MOTHER'S MAIDEN NAME VERONA TETI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS AURORA PIERORAZIO 7863 EASTERN A

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) (1) Myocarditis

422.2 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 12e (b) (2) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 7/6/51

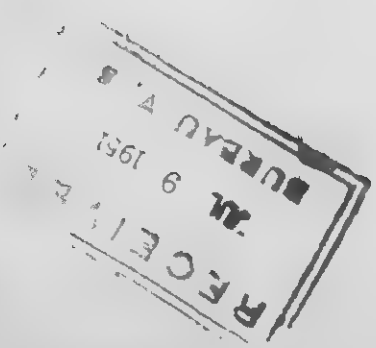
23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF JULY 9 51
NAME OF CEMETERY OR CREMATORY HOLY REDEEMER
LOCATION (City, town, or county) (State) 4430 Belair Rd., Balto

DATE REC'D BY LOCAL REG. JUL 9 1951
REGISTRAR'S SIGNATURE Edith Kinley
24. FUNERAL DIRECTOR Frank DiLallo ADDRESS 322 S. High St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


RECEIVED
JUL 9 1961
U.S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(6533)

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 32 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Wade Ave; STATE Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28; STREET ADDRESS (If rural, give location) 23 WADE AVE

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) J (Last) REICH

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 51 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/22/1881

9. AGE last birthday: 69 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Fireman

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: JACOB REICH

14. MOTHER'S MAIDEN NAME: BERNDINE SURP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Gertrude Reich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arterio-sclerotic heart disease — Interval Between Onset and Death: 6 mos

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932

(b) Paraplegia

(c) (Cause unknown)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

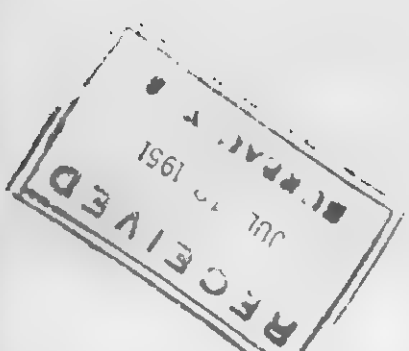
22. I hereby certify that I attended the deceased from Nov. 9, 1950, to July 9, 1951, that I last saw the deceased alive on July 9, 1951, and that death occurred at 8:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. M. Herring, M.D. ADDRESS 203 - Pinegrove Ave. Balto - 28 Md DATE SIGNED 7/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 7/11/51 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 7/11/51 — REGISTRAR'S SIGNATURE: V. E. Harvey

24. FUNERAL DIRECTOR: MacDiarmid & Son — ADDRESS: Catonsville 28


RECEIVED
JUL 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 98 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1214 Sargent Street

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W. (Last) REIS

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5-12-81

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building Cont.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Reis

14. MOTHER'S MAIDEN NAME: Mary Reisburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 219-18-0574

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CHRONIC BRONCHITIS AND ASTHMA WITH MUCOPURULENT OBSTRUCTION OF BRONCHI; ASPHYXIA — Interval between onset and death: UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1951, to July 25, 1951, that I last saw the deceased alive on [illegible] and that death occurred at 3:05 A m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) | ADDRESS | DATE SIGNED

WM. B. VALDEGRIET, M. D., CHIEF, LABORATORY SERVICE, VAH, FORT HOWARD, MD. 7-25-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/27/51 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 7-26-51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR AND ADDRESS: Howard Blight Funeral Home 6009 Harford Road, Baltimore, Maryland

Mildred J. Blight

VS-4

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06835

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (In this place) 17 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural give location) 400 W. Penna. Ave & Central Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Joseph (Last) Reuss

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 31-1898

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr Dist Sales-Service

10b. KIND OF BUSINESS OR INDUSTRY: Duplicating Mach.

11. BIRTHPLACE (State or foreign country): Phila Pa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Reuss

14. MOTHER'S MAIDEN NAME: Emily Wickham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-01-4435

17. INFORMANT: Mrs Myrtle R. Reuss

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxiation by strangulation, suicide	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Depression with melancholia	1 year
	(c)	

974X
34a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Collins G. Hudson M.D. D.M.E. ADDRESS Towson Md DATE SIGNED 7/3/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 5-1951 NAME OF CEMETERY OR CREMATORY Prospect Hill LOCATION (City, town, or county) Towson (State) Md

DATE REC'D BY LOCAL REG. 7/5/51 REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR John Dunnigan ADDRESS Towson

2T.

[illegible] Dr. Turke's statement filed 7-19-51 CP 4 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06836

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 mths. 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) (unknown)

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (Last) RICE

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: Nov. 16, 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months 7, Days 16; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): tailor

10b. KIND OF BUSINESS OR INDUSTRY: clothing

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Mathew Rackauckas

14. MOTHER'S MAIDEN NAME: (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardio-vascular disease

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

732 (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile psychosis, left hemiparesis staplyloma right cornea

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 1951, to July 22, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE: Samuel C Fink (Degree or title) M.D. ADDRESS: Spring Grove State Hospital Catonsville 28, Md. DATE SIGNED: 7-2-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 5 1951

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem

LOCATION (City, town, or county) (State): Belair Rd Balto Md

DATE REC'D BY LOCAL REG. 7-3-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Joseph Kasunskas Inc

ADDRESS: 430 Homelands

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

Item 14 FilmG134 7/26/61 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6537

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard and Enoch Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 434 Potomac Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Julia	Hall	Ridenour	July	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married		78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Albermarle, Va.	U.S.

13. FATHER'S NAME: James Hall

14. MOTHER'S MAIDEN NAME: Virginia Ingan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocardial degeneration	16 yrs plus
	(c) Generalized arteriosclerosis	6 yrs plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 6 yrs plus

4/22.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 9, 1945, to July 22, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 6:05 a.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/24/51	Rose Hill Cem	Hagerstown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 22/51	A. M. Bacon	F K Leoffman Hagerstown Md

VS. A15

RECEIVED
JUL 24 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cockeysville
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cockeysville
STREET ADDRESS (If rural, give location) Falls Road

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) Grayson (Last) Ritter
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 10 1871
9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Recorder in Circuit Court
10b. KIND OF BUSINESS OR INDUSTRY: State Court
11. BIRTHPLACE (State or foreign country): Govans, Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Louis Ritter
14. MOTHER'S MAIDEN NAME: Amanda Frederick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Wife - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 15 minutes

420.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 7 years

937 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to July, 1951, that I last saw the deceased alive on June 20, 1951, and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE: Walter T. Rees (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: July 2 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF July 5 1951 | NAME OF CEMETERY OR CREMATORY Prospect Hill | LOCATION (City, town, or county) (State) Towson Md

DATE REC'D BY LOCAL REG. 7/2/51 | REGISTRAR'S SIGNATURE A W Beduhn | 24. FUNERAL DIRECTOR Robt Lamb Sons | ADDRESS 10 York Road Towson Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06839

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waters & Patapsco River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto. Co. Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lodge Farm ct.
STREET ADDRESS 7608 (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) James (Last) Robin
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 8 1913
9. AGE last birthday: 37 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.C.G.
10b. KIND OF BUSINESS OR INDUSTRY: Auto motor
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Michael Robin.
14. MOTHER'S MAIDEN NAME: Mary Homang.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.: 179-10-1058
17. INFORMANT: Margaret Robin.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning.

850.8 / 172 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (accidental)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River
(CITY OR TOWN) Fort Howard. (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell out of boat.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED
J. McCarmine M.D. Deputy Medical Examiner Balto. Co. Towson 2 Md 7/29/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/1/51
NAME OF CEMETERY OR CREMATORY: Balto Nat. Cemetery
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 7/31/51
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: J. Brady Smith ADDRESS: 1407 Eastern Ave.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 413 Academy Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural give location) 413 Academy Road

3. NAME OF DECEASED (Type or Print): (First) LINA (Middle) A. (Last) ROBINSON

4. DATE OF DEATH: (Month) July (Day) 23/ (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 3/1855

9. AGE last birthday: 96 yrs. If under 1 year: Months --; Days --; If under 24 hrs.: Hours --; Min. --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Sussex County Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Johnson

14. MOTHER'S MAIDEN NAME: Minnerva Walle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: None

17. INFORMANT: James W. Robinson..413 Academy Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	--
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	5 yrs.
92.2	(c) Arteriosclerosis & senility	15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 40, to July 23, 19 51, that I last saw the deceased alive on July 20, 19 51, and that death occurred at 9 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leo C. Wells. ADDRESS 4100 Edmondson Ave. DATE SIGNED 7/25/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July 26/51 | NAME OF CEMETERY OR CREMATORY: Stevensville, Md. | LOCATION (City, town, or county) (State): Stevensville Md.

DATE REC'D BY LOCAL REG. 7/25/51 | REGISTRAR'S SIGNATURE W. E. Harry | 24. FUNERAL DIRECTOR ADDRESS F. B. Wippert & Son 1300 Eutaw Pl. 17

JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

41

Reg. Dist. No. 37

1. PLACE OF DEATH- COUNTY: Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Phoenix | LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland | COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Phoenix
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth	Ryan	July	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White		11-17-1890	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Balto. Co. Maryland	USA

13. FATHER'S NAME: John H. Fox
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Edward Ryan, Phoenix, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
14a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. M. France	M.D.	Parkton Md	7/7/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	July 10 1951	Lutheran Reformed	Jacksonville	Balto Co., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10/51	Wm. J. Whitcraft	Landon M. Brooks, Sparks, Md	

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUL 12 19[illegible]
BUREAU V. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6542

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 4 yrs. 9 mths. 19 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimoe; STREET ADDRESS (If rural, give location) 4413 Bayonne Avenue

3. NAME OF DECEASED (Type or Print): (First) AUGUSTA (Middle) (Last) SANDIASS

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May, 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months 2; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (first name unknown) Shipley

14. MOTHER'S MAIDEN NAME: Elsie (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardio-respiratory failure	6 hrs.
442 X 121a Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	Several yrs.
	(c) Senile arteriosclerotic nephrosclerosis	Several yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Several yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1951, to July 29, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ethel B. Herrmann-Greene M.D. Spring Grove State Hospital Catonsville 28, Md. 7-30-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/2/51

NAME OF CEMETERY OR CREMATORY Woodlawn

LOCATION (City, town, or county) Woodlawn (State) Md.

DATE REC'D BY LOCAL REG. 8/3/51

REGISTRAR'S SIGNATURE H. D. Hedrick

24. FUNERAL DIRECTOR H. M. Cook Inc. 121 S. Fulton Ave ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 2

"C 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewyle
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1005 ARRON Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewyle
STREET ADDRESS (If rural, give location) 1005 ARRON Rd.

3. NAME OF DECEASED (Type or Print): (First) AMELIA (Middle) W. (Last) SCHENKEL

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 30-1881

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BALTIMORE Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN BROENING

14. MOTHER'S MAIDEN NAME: ELIZABETH HEINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: CHARLES M. SCHENKLE. IDLEWYLE. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexy due to Hypertension

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis Hepatic Arteriosclerosis

92d (c) Uraemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 50, to July 3 19 51, that I last saw the deceased alive on July 3 19 51 and that death occurred at 5 P.M., from the causes, and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Byers M.D. 7-5-51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF 7/6/51 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Frederick Rd.

DATE REC'D BY LOCAL REG. 7-6-51 — REGISTRAR'S SIGNATURE: R E E Nichols

24. FUNERAL DIRECTOR: Frank H. Sewell — ADDRESS

RECEIVED
JUL 9 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore - 19. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R 10. Box 384.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE as. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ss.
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) CHARLES. (Last) SCHRIVER
4. DATE OF DEATH: (Month) July. (Day) 12. (Year) 1951

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 24. 1906
9. AGE last birthday: 45 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Riveter
10b. KIND OF BUSINESS OR INDUSTRY: Shipyard
11. BIRTHPLACE (State or foreign country): Sparrows Pt. md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Albert Schriver.
14. MOTHER'S MAIDEN NAME: Anna Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-2280
17. INFORMANT: Harry J. Schriver (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure.	Sudden.
581.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute alcoholism - delirium tremens	1 week.
124a	(c) Cirrhosis of liver - alcoholic	2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to July 12, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tullin. M. D. 6908 North Point Rd. Balto-19. 7/12/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 7/16/51
NAME OF CEMETERY OR CREMATORY: OAK LAWN
LOCATION (City, town, or county) (State): EASTERN AVE.

DATE REC'D BY LOCAL REG.: July 14. 1951
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: JOHN F. DENNY, INC.
ADDRESS: 715 LIGHT ST BALTIMORE-30, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

06845

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3507 Clarenell Road

3. NAME OF DECEASED (Type or Print): (First) ASA; (Middle) M.; (Last) SEDICUM

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-15-97

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Special Agent

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Asa T. Sedicum

14. MOTHER'S MAIDEN NAME: Gertrude McGreeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF PANCREAS — Interval Between Onset and Death: UNKNOWN

157X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1951, to July 27, 1951 [illegible] and that death occurred at 2:35 P. m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) ADDRESS DATE SIGNED

WILLIAM B. VANDEGRIFT, M. D., PATHOLOGIST, VAH, FORT HOWARD, MARYLAND 7-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/31/51

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/30/51

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons

ADDRESS: North & Pa. Aves. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06646

CERTIFICATE OF DEATH

Reg. Dist. No. 3d

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. AX5 T

1. PLACE OF DEATH: COUNTY Md. Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 57 Winters Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY K
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 57 Winters Ave.

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) L (Last) Seward

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify): Married

8. DATE OF BIRTH: Feb 22 1893

9. AGE last birthday: 58 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Catonsville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Pye

14. MOTHER'S MAIDEN NAME: Sarah Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Chester Seward.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemmorhage	1 hour
414X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Hypertensive Cardio Renal	?
	(c) Disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-, 1950 to 7-7-, 1951 that I last saw the deceased alive on 7-7-, 1951, and that death occurred at 1.30 P m., from the causes and on the date stated above.

SIGNATURE C F McInerney (Degree or title) MD ADDRESS 57 Winters Lane Balto-28 Md DATE SIGNED 7/7/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 11/51 | NAME OF CEMETERY OR CREMATORY New Cathedral Cem. | LOCATION (City, town, or county) Dulaith Co. | (State) Md

DATE REC'D BY LOCAL REG. 7/9/51 | REGISTRAR'S SIGNATURE A W Redmond

24. FUNERAL DIRECTOR Mrs. Robert A. Elliott & Daughter ADDRESS 1129 N. Carolina

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2404 W. Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (NMI) SHAUB (Last) (SCHAUB)

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-20-97

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat packer (unemployed)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Schaub

14. MOTHER'S MAIDEN NAME: Barbara Getter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 214-18-1912

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) TUBERCULOSIS, CHRONIC, PULMONARY, FAR ADVANCED, ACTIVE — Interval Between Onset and Death: UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

002X
13X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Absence of urinary bladder for papillary carcinoma of bladder; Bilateral uretero-colostomy 3 years 7 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 19 51, to July 11, 19 51, [redacted] and that death occurred at 12:15 A. m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 7-11-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 13/51

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 7-13-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: F. B. Wippert & Son 1850 W. Baltimore St. Baltimore, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4-2

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne — MARYLAND — LENGTH OF STAY (In this place) 3 mo. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 Third Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne Balto 27 Md. — STREET ADDRESS (If rural, give location) 627 Washington Ave.

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 15, 1925

9. AGE last birthday: 25 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Weiner

14. MOTHER'S MAIDEN NAME: Molley Cohen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service): None.

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Harry D. Smith (Brother in law)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by hanging. — 30 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mental depression — 3 mo.

(c)

974X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION: None. — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None. — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None. m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples — (Degree or title): Deputy Asst. Exam. M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: July 11 '51

23. BURIAL, CREMATION, REMOVAL (Specify): Interred — DATE THEREOF: 7/16/1951 — NAME OF CEMETERY OR CREMATORY: Fernwood Cemetery — LOCATION (City, town, or county) (State): Monty Co. Pennsylvania

DATE REC'D BY LOCAL REG.: 7/12/51 — REGISTRAR'S SIGNATURE: A W Hedrick — FUNERAL DIRECTOR: J. J. Conboy, Jr. — ADDRESS: 1825 Gulph Ave Phila Pa

JT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item #4. See Film G135 8/9/51 jt.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Milner Hotel, Read and Cathedral

3. NAME OF DECEASED (Type or Print): (First) LEO (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: about 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fat embolism due to fractures of humerus and ribs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hotel — (CITY OR TOWN): Read and Cathedral Sts., — (COUNTY): Baltimore, — (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-16-51 Near 3:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Apparently fell out of wheelchair

22 *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒ *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: B F Fisher (Degree or title): M.D. ADDRESS: 700 Fleet Street DATE SIGNED: 7-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: NAME OF [illegible] (town, or county): (State):

DATE REC'D BY LOCAL REG. 7/31/51 REGISTRAR'S SIGNATURE: a w Heduich ADDRESS: Commissioner of Health

UNIVERSITY MEDICAL SCHOOL JUL 26 1951

RECEIVED
JUL 31 1951
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. _____ DATE 7/31/51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY 6 Subbrook Lane; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 6 Subbrook Lane

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Dorothy (Last) Snyder

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 14 1897

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Necktie Factory

11. BIRTHPLACE (State or foreign country): Balto Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Keisel

14. MOTHER'S MAIDEN NAME: Cora Englert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Arthur C. Snyder 6 Subbrook Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	few years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive Cardiovascular disease	15 years
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) PIKESVILLE (COUNTY) BALTIMORE (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to July, 1951, that I last saw the deceased alive on July 26, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis J. Dalsheimer ADDRESS 1413 Reisterstown Pikesville 8, Md DATE SIGNED 7/27/51

23. BURIAL, CREMATION / REMOVAL (Specify) Burial; DATE THEREOF July 30 1951; NAME OF CEMETERY OR CREMATORY Sinai Rest; LOCATION (City, town, or county) Pikesville Md (State)

DATE REC'D BY LOCAL REG. July 28 1951; REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Uhlich Funeral Home ADDRESS 2007 Eutaw St

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

51

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix — LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
STREET ADDRESS (If rural give location) Maryland Ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Franklin (Last) Stiffler

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-20-1889

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Nursery

11. BIRTHPLACE (State or foreign country): Cecil Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Stiffler

14. MOTHER'S MAIDEN NAME: Minnie Kreutzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-07-7195

17. INFORMANT: Mrs. Mary Lloyd, Phoenix, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, vascular, coronary occlusion — Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Robin C. Hudson (Degree or title) M.D. ADDRESS: Towson Md. DATE SIGNED: 7/17/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 7-19-1951 | NAME OF CEMETERY OR CREMATORY: St. Aloysius | LOCATION (City, town, or county) (State): Hereford, Balto. Md.

DATE REC'D BY LOCAL REG.: July 17/51 | REGISTRAR'S SIGNATURE: W. J. Chilcoat | 24. FUNERAL DIRECTOR: Scott Lochs | ADDRESS: Sparks, Md.

8.

MS. AISA T

RECEIVED
JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

16853

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please indicate the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (In this place) Approx. 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3104 Fairmount Ave., Balto. 14

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H. (Last) THOMPSON

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 8-9-93

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Shirt Mfg.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert E. Thompson

14. MOTHER'S MAIDEN NAME: Anna Forstel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 215-09-6616

17. INFORMANT: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) COR PULMONALE WITH RT. HEART FAILURE	UNKNOWN
502.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PULMONARY EMPHYSEMA WITH BRONCHITIS	UNKNOWN
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. McLarnon M.D. (Degree or title) Deputy Medical Examiner ADDRESS Balto. & Dunbar 22, Md. DATE SIGNED 7-29-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Aug 1, 1951; NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery; LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/30/51; REGISTRAR'S SIGNATURE Mildred T. Bleyer

24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home, 6009 Harford Ave. Baltimore, Maryland

Mildred T. Bleyer

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06654

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ages in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (in this place): 23 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7409 SCHOOL LANE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
STREET ADDRESS (If rural, give location): 7409 SCHOOL LANE

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) DEAN (Last) TITUS

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 19 51

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 22, 1896

9. AGE last birthday: 55 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY: STEEL

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL TITUS

14. MOTHER'S MAIDEN NAME: ANNIE V. PAUL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 213-07-1294

17. INFORMANT: NELLIE A. TITUS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Chronic Myocardial Failure — Interval Between Onset and Death: 8 years

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b): —

92 (c): —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month): — (Day): — (Year): — (Hour): — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct, 1950, to July 23, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 3:30A m., from the causes and on the date stated above.

SIGNATURE: Robert E. Farber — (Degree or title): M.D. — ADDRESS: Sparrows Point, Md. — DATE SIGNED: 7-29-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/26/51 — NAME OF CEMETERY OR CREMATORY: Old Town — LOCATION (City, town, or county): Balto. Co. — (State): —

DATE REC'D BY LOCAL REG.: July 24, 1951 — REGISTRAR'S SIGNATURE: William M. Kelly, Jr.

24. FUNERAL DIRECTOR: Wieter Brothers — ADDRESS: Broadway, Dundalk, Md.

VS. A15

RECEIVED
JUL 26 1951
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore — Registration Dist. No.

Village or City Hyde Park — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmira E. Tuder — If U. S. Veteran, specify WAR

(a) Residence: No. Galena Road — St., — Ward — If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced — ~~HUSBAND of~~ (or) WIFE of Joseph F. Tuder

6. DATE OF BIRTH (month, day, and year) October 16, 1910

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore — Md. (State or country)

FATHER

13. NAME Harry H. Andrew

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Lillie Mae Sutton

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph F. Tuder (Address) Galena Road - Hyde Park

18. BURIAL, ~~CREMATION~~, OR REMOVAL — Place Baltimore Cem. — Date 7-21, 1951

19. UNDERTAKER John C. Miller Inc. (Address) 2435 East Oliver St.

20. FILED 7-20-51, 19... Ann Kedenburg, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 18 (Day), 1951 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1951, to July 18, 1951

I last saw him alive on July 17, 1951; death is said to have occurred on the date stated above, at 7:20 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Cavitation	1947
Pulmonary Fibrosis	1947
Pulmonary Edema	3 days ago

Other Contributory Causes of Importance:

12b

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) B. Jay Platt, M. D.

(Address) 434 Eastern Ave Balto. 2 Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

#10B. See Film G134
7/11/51 JT.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06856

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson | LENGTH OF STAY (in this place) 2 yr. 29 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 2730 East Biddle Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	William	Tudor	July	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Separated	Oct. 27, 1903	47 yrs.	8			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	AMERICAN BREWERY	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard W. Tudor	Mary Rooney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	214-16-2479	Walter Tudor-2730 East Biddle St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Tuberculosis; far advanced	About 10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 6, 1949 to July 5, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 7 P.M. m., from the causes and on the date stated above.

SIGNATURE William Kunzman (Degree or title) M.D. ADDRESS Mt. Wilson, Md. DATE SIGNED July 5, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 9, 1951	Holy Redeemer Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 5, 1951	Helen R. Mayer	John C. Miller	2445 E. Oliver St.

RECEIVED
JUL 9 1951
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 30

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SARAH B. VAN NOSTRAND

2. DATE OF DEATH: 7-25-51

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BONNIE VIEW HOME
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1517 BATTERY AVE.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	W	WIDOWED	— 1863	87				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	WEST VIRGINIA	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	—	MR HARRY W. SHENTON	1111 MUNSEY BLDG.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7/24-51

DUE TO

420.1 ANTECEDENT CAUSES

(B) Arterial Sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

61

DUE TO

(C) Hypertension Diabetis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1951, to 7/25, 1951, that I last saw the deceased alive on 7/24, 1951, and that death occurred at ____ m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Chas H Carlin M. D.	2145 W Baltimore St	7/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	7-27-51	MT. OLIVET	FREDERICK RD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/26/51	a W Hedges	JOHN F. DENNY, INC	715 LIGHT ST

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS 415 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1660 Park Road, N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
AL	D.	WADDY	July 27, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	Married	12-21-90	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer - handyman	Saw Mill	Staunton, Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Douglas Waddy	Elvira Moon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WWI	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CARCINOMA OF BLADDER	UNKNOWN
Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

181 X
520

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 24, 1951, to July 27, 1951, ~~that I last saw the deceased~~ and that death occurred at 1:04 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William B. VanDesLint	M. D., PATHOLOGIST	VAH, FORT HOWARD, MARYLAND	7-27-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7/30/51	Sandy Hollow Cemetery	Staunton, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-30-1951		Chas. R. Law	802 Madison Ave. Balto. Md.

VS. A16

RECEIVED
JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06859

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 46 Chandelle Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 46 Chandelle Rd

3. NAME OF DECEASED (Type or Print): (First) Beckett (Middle) Bryan (Last) Waldrop

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) — 8. DATE OF BIRTH: Aug 28-1896 — 9. AGE last birthday: 54 yrs. — If under 1 year: Months 11, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home — 10b. KIND OF BUSINESS OR INDUSTRY: Housewife — 11. BIRTHPLACE (State or foreign country): Polk Co. N. C. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Otis Jr. Waldrop — 14. MOTHER'S MAIDEN NAME: Mary Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: — 17. INFORMANT: Sarah Waldrop (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Failure

156.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal Insufficiency — 36 HRS

46f (c) Carcinoma of Liver & Metastises — 5 Mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 19 51, to Jul 27, 19 51, that I last saw the deceased alive on July 27, 19 51, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE Louis Hemenway (Degree or title) MD ADDRESS 1437 Fuselage Ave, Balto 20, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF July 27-1951 — NAME OF CEMETERY OR CREMATORY Rutherfordton — LOCATION (City, town, or county) (State) Rutherfordton N. C.

DATE REC'D BY LOCAL REG. 7/27/51 — REGISTRAR'S SIGNATURE A W Roderick — 24. FUNERAL DIRECTOR John H Connelly Essex — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — MARYLAND — LENGTH OF STAY (in this place) 30 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS 7615 Seven mile Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — STREET ADDRESS (If rural, give location) 7615 Seven mile Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELEANOR	MARY	WARFEL	July.	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female.	White	married	Mar. 28, 1882	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home.	Balto. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robt. Clark	Adeline Wirthoff.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	None.	David H. Warfel (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pistol Shot in rt. Temple (Suicide) — 5 min.

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Psycho-Neurosis — 4 yrs.

164 C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Apr 14 '51	Abdominal adhesions	Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home.	Pikesville	Balto.	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
July 22 '51 7 A.m.		Self Inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Eagles	Deputy Md. Exam. M.D	Reisterstown Md	7-22-51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/23/51	St. Thomas	Garrison Forest Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 23, 1951	[illegible]	Frank H. Worrell	Pikesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Winters Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 81 Winters Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) J. (Last) Washington

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 21, 1868

9. AGE: Last birthday 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A

13. FATHER'S NAME: Alexander Muis

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: M's Ethel White 81 Winters Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic Congestion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19.., that I last saw the deceased alive on ....., 19.., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-22-51 — NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park — LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: July 21, 1951 — REGISTRAR'S SIGNATURE: R.W. — 24. FUNERAL DIRECTOR: Mrs. Frances A. Hensley — ADDRESS: Middle

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06862

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The name is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A13

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 30 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2230 Druid Hill Park Drive

3. NAME OF DECEASED (Type or Print): (First) James (Middle) A. (Last) Weiman

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/2/25

9. AGE last birthday: 25 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: Cotton Mill

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Weiman

14. MOTHER'S MAIDEN NAME: Ruth Crosswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic nephritis — Interval between onset and death: Unknown

592 K — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) None
(c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 19 51, to July 7, 19 51, that I last saw the deceased alive on [illegible] and that death occurred at 11:15 pm., from the causes and on the date stated above.

SIGNATURE AND DEGREE OR TITLE: Wm. B. VandeGrift, M. D. — ADDRESS: VAH, FT. HOWARD, MD. — DATE SIGNED: 7/8/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/11/51 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 9/11/51 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: H. Sander & Sons, Inc. — ADDRESS: North Ave. & Broadway, Baltimore, Maryland

51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

63

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbrook | LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE formerly Del. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown Del. (formerly)
STREET ADDRESS (If rural, give location) 16th & Spruce Sts.

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) Lanahan (Last) Welker
4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: April 8 1862
9. AGE last birthday: 89 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Lanahan
14. MOTHER'S MAIDEN NAME: Mary Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT: C. Holland Reeder - 101 Charlesdale, Bal. 29

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage from ruptured Varix of Stomach — 3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — 10 yrs.
(c) Senility — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — | (CITY OR TOWN) — | (COUNTY) — | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 10, 1951, to July 16th, 1951, that I last saw the deceased alive on July 14th, 1951, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. S. Chalfont M.D. | ADDRESS 6710 York Rd | DATE SIGNED July 17th 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 18-51 | NAME OF CEMETERY OR CREMATORY Green Mount | LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 7-17-51 | REGISTRAR'S SIGNATURE Ann Reynolds | 24. FUNERAL DIRECTOR Stewart Morris | ADDRESS Balto.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22). LENGTH OF STAY (In this place) 26 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 SHIPWAY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22.)
STREET ADDRESS (If rural, give location) 26 SHIPWAY

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOUISE	GERTRUDE	WELLS	JULY	16	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	W.	WIDOWED	7/25/1841	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	—	ANNAPOLIS, md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH STEVENS	MARY ELLIOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no / no	220-09-3379	AUDREY L. MANNING - 26 SHIPWAY DUNDALK, 22 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	—
260X (1) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC C.V. DISEASE & CORONARY INS.	1946
	(c) DIABETES MELLITUS	1946?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 17, 1945 to July 16 1951, that I last saw the deceased alive on June 26, 1951, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen P. Mackowiak	M.D.	6714 Holabird Ave	July 18, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/19/51	OAK LAWN	BALTO., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
JUL 19 1951	William M. Kelly Jr.	[illegible]	[illegible]

RECEIVED
20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Timber Grove Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location) Timber Grove Road

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Wheat

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 25 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired plasterer

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Wheat

14. MOTHER'S MAIDEN NAME: Margaret Fishpaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-14-9576

17. INFORMANT: Mary E. Klinefelter Owings Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Disease

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension arterial

932 (c)

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/, 1951, to 7/20/, 1951, that I last saw the deceased alive on 7/18/, 1951, and that death occurred at 6.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm E. Martin M.D. Randallstown Md 7/21/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 23 1951

NAME OF CEMETERY OR CREMATORY: Mt Olive Cemetery

LOCATION (City, town, or county) (State): Randallstown Md

DATE REC'D BY LOCAL REG. 7.22.51

REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: Wm Berryman & Sons ADDRESS: Reisterstown Md

VS. A15

RECEIVED
JUL 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4r

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS B to O R R Locks

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 4021 Edmondson ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Benson	Wheeler	July	23	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Aug. 12, 1868	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired foreman	B to O R R	Balto Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George J. C. M. Wheeler	Josephine Diane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		James L. Wheeler 4021 Edmondson ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Struck by Engine on

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) tracks B to O R R

(c) Multiple fractures + Crohns dis.

1.3 169

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	B to O R R	Lansdowne	Balto	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
July 23 57 8 a.m.		Struck by Engine on B to O R R

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Victor Kirkpatrick	Dep. Med Examiner	Baltimore 1010 Lexington	July 24 57

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 26 57	Loraine Cem	Middletown	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 24 57	Victor Kirkpatrick	Harry H Fritzke	4101 Edmondson

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06867

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 Murdock Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto., Co. Rodgers Forge
STREET ADDRESS (If rural, give location) 54 Murdock Rd.

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) E. (Last) White
4. DATE OF DEATH: (Month) 7-22-51 (Day) (Year) 19

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 1902 | 9. AGE last birthday: 49 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C. Getz
14. MOTHER'S MAIDEN NAME: Alice Powers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: -
17. INFORMANT AND ADDRESS: Mr. Leo J. White 54 Murdock Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Encephalitis, progressive	4 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Pneumonia	10 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 7, 19 51, to July 22, 19 51, that I last saw the deceased alive on July 22, 19 51, and that death occurred at 5:20 P m., from the causes and on the date stated above.

SIGNATURE: Chas E. Cary M.D. (Degree or title) | ADDRESS: 6007 York Rd. | DATE SIGNED: 7/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-25-51 | NAME OF CEMETERY OR CREMATORY: Balto. Nat'l. Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 7/24/51 | REGISTRAR'S SIGNATURE: A W Pedrick | 24. FUNERAL DIRECTOR: WIEDEFELD & SON | ADDRESS: GREENMOUNT AVE & 22ND

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR SPARROWS POINT
LENGTH OF STAY (In this place) a few hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS NEW BAYSHORE PARK

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 1601 E. 25th St.

3. NAME OF DECEASED (Type or Print): (First) ALVIE (Middle) LEE (Last) WILAND
4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: AUG. 21, 1930
9. AGE last birthday: 20 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DEVELOPER
10b. KIND OF BUSINESS OR INDUSTRY: FILMS
11. BIRTHPLACE (State or foreign country): GARRET COUNTY
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: EARL H. WILAND
14. MOTHER'S MAIDEN NAME: ELSIE M. CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-22-2547
17. INFORMANT AND ADDRESS: FAMILY 1601 E. 25th St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) A [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

129.9 153 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible] Auto
(CITY OR TOWN) Mt Pleasant Jones (COUNTY) Talbot (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 22 (Year) 51 (Hour) 3:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Automobile skidding on wet pavement

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] DATE SIGNED 7/23/51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 7-26-1951
NAME OF CEMETERY OR CREMATORY NEW GERMANY
LOCATION (City, town, or county) GARRET COUNTY (State)

DATE REC'D BY LOCAL REG. 7/27/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. Foster Cridler ADDRESS 2343 HARFORD RD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 29 Henry Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural, give location): 29 Henry Ave.

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Wildberger (Last)

4. DATE OF DEATH: (Month) July (Day) 12th, (Year) 19 5

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 5th, 1893

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fitting Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Wildberger

14. MOTHER'S MAIDEN NAME: Louise Glatzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 212-05-4392

17. INFORMANT AND ADDRESS: Mrs. Andrew Wildberger, 29 Henry Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Bronchogenic Carcinoma, right — Interval between onset and death: 2 yr.

162X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 2, 1951

19b. MAJOR FINDINGS OF OPERATION: Bronchogenic Carcinoma, right

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16 1951, to July 12, 1951, that I last saw the deceased alive on July 12, 1951 and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Victor G. Weis M.D. 6322 Belair Rd July 13, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: July 14, 1951 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: July 14-1951 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Lanahan Funeral Home — ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66 70

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kayser Conrad your Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3709 Woodbine Ave

3. NAME OF DECEASED (Type or Print): (First) Allen (Middle) J. (Last) Williamson

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: June 11 1887 — 9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker Retired — 10b. KIND OF BUSINESS OR INDUSTRY: Farm — 11. BIRTHPLACE (State or foreign country): Pa. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Williamson — 14. MOTHER'S MAIDEN NAME: Mary Ayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Allen J Williamson 3709 Woodbine Ave

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary occlusion	10 min
420.1 Antecedent cause(s)	(b) Coronary arteriosclerosis	20 yrs
146a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) generalized arteriosclerosis	28 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fractured Pelvis	12 days

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): Baltimore — (COUNTY): Baltimore — (STATE): Md

TIME OF INJURY (Month) July (Day) 3 (Year) 1951 (Hour) 3:15 A.M. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Fell getting on a commode

22. I hereby certify that I attended the deceased from March 8, 1935, to July 15, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE and (Degree or title) M.D. — ADDRESS 3403 Lanvale Blvd — DATE SIGNED 7/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 18 1951 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem — LOCATION (City, town, or county): Baltimore — (State): Md

DATE REC'D BY LOCAL REG. 7/18/51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Thos L Corcoran & Sons — ADDRESS: 5100 Liberty Hgts Ave

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 Eastern

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS 26 — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FOSTER (Middle) COY (Last) WILSON, SR.

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 193?

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: JAN 23, 193?

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANICAL

10b. KIND OF BUSINESS OR INDUSTRY: MISCELLANEOUS

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert C. [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) N/A

16. SOCIAL SECURITY NO. 212-05-3?07

17. INFORMANT: Mrs. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertension Coronary Occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 93d	(b) Hypertensive Cardio-Vascular	
	(c) Disease	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
W. J. Sears M.D. Med. Exam. — Dundalk, Md. — 7/25/-?

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 7-27-? — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 25-1451 — REGISTRAR'S SIGNATURE William M. Kelly Jr. — 24. FUNERAL DIRECTOR — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUL 30
BUREAU V. S.

M

— MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard | LENGTH OF STAY (in this place): 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 6500 Armstrong Ave.

3. NAME OF DECEASED (Type or Print): (First) VERNON (Middle) P. (Last) WILSON

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-6-93

9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hospital attendant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Springfield, Ill

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Wilson

14. MOTHER'S MAIDEN NAME: Mary Carmody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 278-12-5003

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Pancreas with metastasis — unknown

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from May 25, 1951, to July 1, 1951, ~~and that I last saw the deceased~~

~~I HAVE~~ and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE: Walter R Bunson — (Degree or title): M.D. — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 7-1-51

WALTER R. BUNSON, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/3/51 | NAME OF CEMETERY OR CREMATORY: Mt Carmel | LOCATION (City, town, or county): Donnell St (State): Md

DATE REC'D BY LOCAL REG. 7/2/51 | REGISTRAR'S SIGNATURE: a c Wedeles | 24. FUNERAL DIRECTOR AND ADDRESS: Howard J. Light Funeral Home 6009 Harford Rd. Baltimore, Md.

Howard J. Light

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville-8, Md. | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 Church Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville-8, Maryland
STREET ADDRESS (If rural, give location) 113 Church Lane

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Joseph (Last) Winand Sr
4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1951

5. SEX: ~~Male~~ MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: Feb. 7, 1860
9. AGE last birthday: 91 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Distiller
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Pikesville-8, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Winand, born in Bavaria, Germany
14. MOTHER'S MAIDEN NAME: Elizabeth A. Gaule, born in Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown | (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Elizabeth Winand, 113 Church Lane, (8)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arterio Sclerosis	?
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
M	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 25 1951, to July 7, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 2:40P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jr E. E. Nichols
ADDRESS 1402 Reisterstown Rd., 8
DATE SIGNED July 7, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 10, 1951
NAME OF CEMETERY OR CREMATORY ~~July 10, 1951~~ Druid Ridge Cemetery
LOCATION (City, town, or county) (State) Pikesville-8, Md.

DATE REC'D BY LOCAL REG. July 7, 1951
REGISTRAR'S SIGNATURE Jr E. E. Nichols
24. FUNERAL DIRECTOR Rita Wiedefeld
ADDRESS 900 E. Biddle St

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 10 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Paradise Avenue

3. NAME OF DECEASED (Type or Print): (First) William Gassaway (Middle) Winterson (Last)

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 5, 1872

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Linens, laces, art needlework

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Washington Winterson

14. MOTHER'S MAIDEN NAME: Alexina Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 093 - 10 - 1861

17. INFORMANT AND ADDRESS: Mrs. Edna B. Winterson Paradise Ave., Catons.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, both lower lobes	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) aplastic anemia	4 years
	(c) Generalized arteriosclerosis	many yrs.

450.0
108

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1931, to July 1, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 10.03 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis P. Tenley M.D. — ADDRESS: 1014 St. Paul St., Baltimore, Md. — DATE SIGNED: 7 - 1 - 51

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 7 - 3 - 51 — NAME OF CEMETERY OR CREMATORY: Lorraine — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 7-2-51 — REGISTRAR'S SIGNATURE: A. W. Goodrich

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place, Baltimore, Md.

M B Mitchell

CERTIFICATE OF DEATH

BIRTH NO. Y-232 Registered No. 11457

1. NAME OF DECEASED (Type or Print): MARY A. YAKAITIS
2. DATE OF DEATH: July 28-51

3. PLACE OF DEATH: A. Baltimore ~~City~~, Maryland; B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 907 ELMRIDGE AVE; c. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland; B. COUNTY: Baltimore Co.; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville; D. STREET ADDRESS (If rural, give location): 907 Elmridge Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F.	W.	WIDOWED	June 23, 1893	58	— —	— —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Arlauskas
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes give war or dates of service)
16. SOCIAL SECURITY NO: 216-07-0516
17. INFORMANT: FRANK YAKAITIS JR. ADDRESS: 907 ELMRIDGE AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH: 3½ yrs.
DUE TO

174 X ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) ... DUE TO
4%
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* July 25, 1951, *that I last saw the deceased alive on* July 27, 1951, *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Geo J. Gore M. D. | 23B. ADDRESS: 1 Mallow Hill Ave | 23C. DATE SIGNED: 7/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: July 31/51 | 24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer | 24D. LOCATION (City, town, or county) (State): Belair Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR: 7/31/51 | REGISTRAR'S SIGNATURE: [illegible] | 25. FUNERAL DIRECTOR: Owen W. Zachariades | ADDRESS: 703 McHenry St.

VS. 160

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

10—

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Relay, Baltimore 27, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Relay Sanitarium

How long in hospital or institution? 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville, Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 43 Nursery Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Mrs. Mary Alice Zeller

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: William Frank Zeller

Dec'd 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 29, 1872

8. AGE: Years	Months	Days	If less than one day
78	11	2	..... hrs. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: None

MOTHER

12. Name: David McKeldin

13. Birthplace: Baltimore, Md.

FATHER

14. Maiden name: Nancy Higdon

15. Birthplace: Baltimore, Md.

16. Informant: Earl E. Zeller

Address: 604 Charing Cross Rd, Balto 29, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3 51 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Richard Ave Balto Md

18. Funeral director: Harry A. Pitts

Address: 40 Edmondson Ave

19. July 2 1951 (Date rec'd by registrar) C. A. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 13 1951, at 2:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16 1945, to June 30th 1951 and that I last saw h[illegible] alive on June 30th 1951

Immediate cause of death	DURATION
Massive Cerebral Hemorrhage	3/4 hour
Due to: Hypertensive Cardiovascular Disease	many yrs.
Due to: 443	
Other conditions: Senile psychosis with paranoid trends	11 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: 93d Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Louis P. Gundry M. D. or other

Address: Relay, Md. Date signed 7/1/51

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(2.)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06877

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home Paradise & Altamont Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1214 Wilcox St.

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) (Last) Zimmerman

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 3, 1865

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Barney

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles Sprought, 423 S. Pulaski St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 4 hours

420.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular Disease (Arteriosclerotic) — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia — Several Months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to July 21, 1951, that I last saw the deceased alive on 7/18, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Abram Goldman, M.D. ADDRESS DATE SIGNED 7/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 25/51 | NAME OF CEMETERY OR CREMATORY: Meadowridge | LOCATION (City, town, or county) (State): Dorsey, Md.

DATE REC'D BY LOCAL REG. 7/25/51 | REGISTRAR'S SIGNATURE V. E. Harry | 24. FUNERAL DIRECTOR Harry H. Leitzke | ADDRESS 4101 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks — LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Gilbert (Middle) Andrew (Last) Zimmerman
4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	2/20/39	12 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore City, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Friedrich Zimmermann
14. MOTHER'S MAIDEN NAME: Mary Wlesko
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Friedrich Zimmermann, Sparks Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

919.0 **Immediate cause** (a) Shotgun wound through head - Victim of Accidental — Instant

184 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Field-woods
(CITY OR TOWN) Sparks (COUNTY) Ba. To (STATE) Md.

TIME OF INJURY: (Month) 7 (Day) 30 (Year) 51 (Hour) 9 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Walking thru woods with gun, accidentally shot

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin L. Hudson (Degree or title) M.D. ADDRESS P.M.E. Towson Md. DATE SIGNED 7-31-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	8-1-1951	Freemount	Balto. City,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/31/51	W. J. Chilcoat	J. Scott Crooks	Sparks, Md.

RECEIVED
AUG 2 1951
BUREAU V. S.